

SUPPLEMENT

The Association

THE SEVENTY-SECOND ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION, HELD IN WINNIPEG

June 23, 24, 25, 26, 27, 1941

THE seventy-second annual meeting of the Canadian Medical Association was held in the Royal Alexandra Hotel, Winnipeg, during the week of June 23rd, 1941. The registration included 776 doctors and 242 ladies, bringing the total attendance to 1018.

THE ANNUAL GENERAL MEETING

The Annual General Meeting was held on Wednesday evening, June 25th. At this function, Dr. E. W. Montgomery of Winnipeg was made an Honorary Member of the Association; and Senior Membership was conferred upon the following:

Dr. G. A. Bowen, Magog, Que.
Dr. F. J. Burrows, Seaforth, Ont.
Dr. B. Deane, Calgary, Alberta
Dr. W. F. Drysdale, Nanaimo, B.C.
Dr. N. J. Maclean, Winnipeg, Man.
Dr. A. R. Myers, Moncton, N.B.
Dr. H. M. Speechly, Winnipeg, Man.
Dr. P. D. Stewart, Saskatoon, Sask.

Dr. Duncan Graham, the retiring President, presented a brief valedictory address.

After his installation as President of the Association, Dr. Gordon S. Fahrni gave his inaugural address.

Fraternal greetings from the American Medical Association were brought by its official delegate, Dr. William F. Braasch, Rochester, Minn.

THE GENERAL COUNCIL

The General Council met on Monday and Tuesday, June 23rd and 24th, under the Chairmanship of Dr. T. H. Leggett, with 78 delegates present from the nine Divisions.

The following is a list of those who answered the roll call:

Drs. G. Harvey Agnew, Toronto, Ont.; A. E. Archer, Lamont, Alta.; A. W. Argue, Saskatoon, Sask.; H. W. Baker, Woodstock, Ont.; S. Bardal, Shoal Lake, Man.; P. E. Belliveau, Meteghan, N.S.; Murray Blair, Vancouver, B.C.; J. E. Bloomer, Moose Jaw, Sask.; E. W. Boake, Victoria, B.C.; F. A. Brockenshire, Windsor, Ont.; G. R. Bunn, Red Deer, Alta.; F. T. Campbell, Calgary, Alta.; F. J. H. Campbell, London, Ont.; H. B. Church, Aylmer East, Que.; George Clingan, Virden, Man.; H. R. Clouston, Huntingdon, Que.; W. E. R. Coad, Winnipeg, Man.; F. H. Coppock, Eckville, Alta.; J. R. Corston, Halifax, N.S.; J. G. Cunningham, Toronto, Ont.; G. W. Ellis, Edmonton, Alta.; Gordon S. Fahrni, Winnipeg, Man.; Léon Gérin-Lajoie, Montreal, Que.; A. L. Gerow, Fredericton, N.B.; E. S. Giddings, Charlottetown, P.E.I.; F. Gillespie, Edmonton, Alta.; J. C. Gillie,

Fort William, Ont.; Duncan Graham, Toronto, Ont.; W. E. Gray, Milltown, N.B.; C. H. Hankinson, Prince Rupert, B.C.; R. I. Harris, Toronto, Ont.; V. E. Henderson, Toronto, Ont.; S. G. Herbert, Winnipeg, Man.; Lieut.-Col. T. E. Holland, Winnipeg, Man.; J. C. Houston, Charlottetown, P.E.I.; W. E. Ingram, Calgary, Alta.; George R. Johnson, Calgary, Alta.; A. E. Kennedy, Stettler, Alta.; H. D. Kitchen, Winnipeg, Man.; S. Kobrinsky, Winnipeg, Man.; G. E. Learmonth, Medicine Hat, Alta.; T. A. Lebbetter, Yarmouth, N.S.; T. H. Leggett, Ottawa, Ont.; D. Sclater Lewis, Montreal, Que.; F. J. H. Lindsay, Saskatoon, Sask.; W. W. Lynch, Sherbrooke, Que.; A. H. Meneely, Nanaimo, B.C.; H. H. Milburn, Vancouver, B.C.; Ross Millar, Ottawa, Ont.; Ross Mitchell, Winnipeg, Man.; E. W. Montgomery, Winnipeg, Man.; S. E. Moore, Regina, Sask.; J. W. McCutcheon, Toronto, Ont.; J. S. McEachern, Calgary, Alta.; J. E. McGillivray, Weyburn, Sask.; A. J. MacLachlan, Vancouver, B.C.; Harris McPhedran, Toronto, Ont.; Thomas McPherson, Victoria, B.C.; J. D. McQueen, Winnipeg, Man.; A. G. Nicholls, Montreal, Que.; O. W. Niemeier, Hamilton, Ont.; F. S. Patch, Montreal, Que.; Walter M. Paton, Vancouver, B.C.; W. S. Peters, Brandon, Man.; E. L. Ross, Ninette, Man.; O. E. Rothwell, Regina, Sask.; T. C. Routley, Toronto, Ont.; George Skinner, Saint John, N.B.; M. W. Thomas, Vancouver, B.C.; F. F. Tisdall, Toronto, Ont.; O. C. Trainor, Winnipeg, Man.; J. A. Valens, Saskatoon, Sask.; Charles Vezina, Quebec, Que.; A. B. Whytock, Niagara Falls, Ont.; Wallace Wilson, Vancouver, B.C.; R. E. Wodehouse, Ottawa, Ont.; H. M. Yelland, Peterborough, Ont.; A. W. Young, Montreal, Que.

Messages of regret at inability to be present were received from the following: Dr. W. J. P. MacMillan, Charlottetown; Dr. M. R. Bow, Edmonton; Colonel W. A. Jones, Kingston; Dr. H. K. MacDonald, Halifax; Dr. H. G. Grant, Halifax; Dr. Hermann Robertson, Victoria.

REPORT OF THE COMMITTEE ON ARCHIVES

Mr. Chairman and Members of General Council:—

1. Your Committee on Archives reports with regret the loss of the following members by death during the past year.

Abbott, Maude E., Montreal, Que. (Senior Member)
Agar, J. S., Chatham, Ont.
Alguire, A. Ross, Cornwall, Ont.
Almon, W. B., Halifax, N.S.
Banghart, P. C., London, Ont.
Banting, Sir Frederick, Toronto, Ont.
Bertrand, Fred., Sherbrooke, Que.
Bilodeau, J. P., Kamloops, B.C.

INDEX

	Page
Committee on Archives	1
Executive Committee	2
Department of Cancer Control	7
Central Programme Committee	9
Committee on Nutrition	9
Report of the Honorary Treasurer	10
Report of the Editor	16
Report of the Managing Editor	17
Committee on Medical Education	17
Joint Committee on Medical Education, Medical Licensure and Hospitals	18
Report of the Department of Hospital Service	18
Committee on Laboratory Technologists	19
Committee on Maternal Welfare	20
Committee on Credentials and Ethics	20
Committee on Constitution and By-Laws	21
Committee on Legislation	22
Committee on Pharmacy	22
Meyers Memorial Committee	23
Committee on Public Health	23
Committee on Economics	24
Narcotics	24
Health Insurance	25
Certification of Specialists	25
Epidemics	25
War Benevolent Fund	25
Nomenclature of Diseases	25

Bird, P. J. S., Weyburn, Sask.
Bogart, I. G., Kingston, Ont.
Burson, E. C., Toronto, Ont.

Cameron, D. A., London, Ont.
Cameron, H. G., Weyburn, Sask.
Craig, Harold G., Davidson, Sask.
Croft, L. V., London, Ont.
Cruikshank, G. R., Windsor, Ont.

Dagneau, P. C., Quebec, Que.
Dorsey, C. F., Innisfail, Alta.
Douglas, A. J., Winnipeg, Man.
Dunfield, C. F., Windsor, Ont.

Eastwood, J. H., Peterborough, Ont.
Eaton, F. F., Truro, N.S.
Edwards, W. F., Airdrie, Alta.
Elliott, J. E., Toronto, Ont.
Ewart, Paul, Golden, B.C.

Finley, F. G., Montreal, Que. (Senior Member)
FitzGerald, J. G., Toronto, Ont.

Garneau, Prof. Paul, Quebec, Que.
Garner, E. L., Vancouver, B.C.

Hall, G. W., Little Britain, Ont.
Henderson, E. F., Edmonton, Alta.
Hendrick, A. C., Toronto, Ont.
Heringer, W. J., Port Arthur, Ont.
Hunter, A. J., Teulon, Man.

Irving, J. F., Yorkton, Sask.

Kenney, F. L., Saint John, N.B.

Ladouceur, Daniel, St. Genevieve de Pierrefonds, Que.
Lavers, F. C., New Ross, N.S.
Leatherdale, I. J., Jarvis, Ont.
Low, David, Regina, Sask. (Past President, Senior
Member)

Main, C. G., West Saint John, N.B.
Maynard, J. C., Toronto, Ont.
Moore, M. H., Athens, Ont.
Murchison, A. J., Sr., Clyde River, P.E.I.
McDonald, J. A., Prince Albert, Sask.
McDonough, V. A., Toronto, Ont.
McIlwraith, K. C., Toronto, Ont.
MacIsaac, J. L., Antigonish, N.S.
Mackay, W. F., Port Washington, B.C.
McKenty, James, Winnipeg, Man.
McLean, A. L., Halifax, N.S.
Macleod, A. N., Winnipeg, Man.
Macnamara, A. T., Toronto, Ont.
McPherson, J. J., Castor, Alta.

Oliver, Robert, Hamilton, Ont.

Paterson, H. McL., Rodney, Ont.

Rigg, J. F., Niagara-on-the-Lake, Ont.
Robertson, T. F., Brockville, Ont.
Robertson, William, Elora, Ont.
Rogers, N. W., Barrie, Ont.

Scott, H. McL., Morriston, Ont.
Scott, W. W., Hazelridge, Man.
Shearer, R. L., Edmonton, Alta.
Shipley, M. A., Kirkland Lake, Ont.
Smith, F. A., Winnipeg, Man.
Sneath, T. H., Durham, Ont.
Stewart, D. L., Thamesville, Ont.

Taylor, R. E., Windsor, Ont.
Turnbull, W. S., Vancouver, B.C.

Vipond, Albert, Montreal, Que.

Wales, H. C., Toronto, Ont.
Walker, S. L., Truro, N.S.
Wilson, C. E., Oshawa, Ont.

2. On the question of Archives of the Association, the Committee at the present time has nothing further to report.

All of which is respectfully submitted.

S. HANFORD McKEE,

Approved.

Chairman.

REPORT OF THE EXECUTIVE COMMITTEE

Mr. Chairman and Members of General Council:—

Your Executive Committee reports as follows:

MEETINGS OF THE COMMITTEE

3. Since its appointment, your Committee has held three meetings, one in Toronto in June, 1940, and the other two in Ottawa in October, 1940, and March, 1941. A fourth meeting of the Committee will be held in Winnipeg prior to the meeting of General Council. In all, your Executive Committee spends seven full days during the year transacting Association business. Attendance at the several meetings has been excellent.

Approved.

THE ANNUAL MEETING, 1940

4. From point of view of scientific program, attendance (doctors, 1,316, and ladies, 288), hospitality and good fellowship, the seventy-first annual meeting held in Toronto in June, 1940, was an outstanding success. Despite the gravity of the war situation at that time and the fact that all who attended were no doubt very conscious of world conditions, yet the meeting attained a high level of excellence which was commented upon by many who were privileged to attend. To President and Mrs. Graham and all those associated with them who contributed to the success of the meeting, General Council will no doubt desire to express its sincere thanks.

Approved.

THE ANNUAL MEETING, 1941

5. No sooner had the seventy-second annual meeting been announced officially to take place in Winnipeg than the President-elect and Mrs. Fahrni began to prepare for this Convention. By September of 1940, committees, both men and women, were functioning with the result that the seventy-second annual meeting has lacked nothing in careful planning. General Council will desire to express its appreciation to President-elect and Mrs. Fahrni and their colleagues for the untiring efforts they have put forth during the year.

Approved.

THE ANNUAL MEETING, 1942

6. At a previous meeting, General Council approved of the annual meeting for 1942 being held in Alberta. The Alberta Division now recommends that the meeting be held in Jasper Park. The Canadian National Railways has offered to place the entire facilities of the hotel at the disposal of the Association for the week of June 15th, 1942. Final decision rests with General Council at this meeting.

Approved.

It was agreed that the meeting in 1942 will be held in Jasper Park Lodge, during the week of June 15th.

ANNUAL MEETINGS OF DIVISIONS

7. Under the auspices of the Post Graduate Department, it has been arranged that travelling teams of speakers will address the annual meetings of the Nova Scotia and Prince Edward Island Divisions in July, and British Columbia and Alberta in September.

The Manitoba and Saskatchewan Divisions will hold their annual meetings concurrently with this session. The Ontario Division held its sixty-first annual meeting in Windsor during the last week of May. Your President attended this meeting in his official capacity, and also the annual meetings of the four Western Divisions in the month of September, 1940.

Approved.

THE WAR

8. The world struggle in which our country is engaged as a participant has been the major problem demanding the attention of your Committee during the past year. Your Committee was formally recognized by the Ministers of the Departments of Defence for the Army, the Air Force and the Navy. In harmony with the position assumed by the Association at the outbreak of hostilities, every effort has been made to assist the military services to secure adequate medical personnel, while at the same time the medical needs of the civilian population have been kept in mind.

9. In the summer of 1940, on the invitation of Major General LaFleche, Associate Deputy Minister for the Department of National War Services, your Committee assisted in the setting up of medical machinery for the examination of recruits called up under the Act.

10. Divisional Advisory Committees have endeavoured to parallel in their respective Districts measures of co-operation outlined by your Central Committee. Your Executive Committee has been told that the Association has rendered some help to the country's cause.

11. General Council may desire to discuss in detail the Association's relationship to the war. All relevant information in the hands of your Committee will be available.

Approved.

In discussing problems relating to The War, the opinion was expressed by several members of General Council that the question of enlisting in the armed forces should be brought to the attention of all graduates who have just completed their first year in hospital. It was further emphasized that the military authorities should state clearly what the need of the immediate future is for medical officers.

The following resolution was passed:—

"THAT, in consideration of the demand for medical services for our military organizations and in consideration of the fact that we have a registry that could be kept up to date, we empower the Medical Advisory Committees to so choose from our profession sufficient numbers to fill this demand, and individually advise these men that their obligations to their country now require their services and suggest that they give it their urgent consideration; and if this scheme fails to secure the necessary number of men, we recommend conscription for the armed forces."

CO-OPERATION WITH WAR DEPARTMENTS

A number of conferences have taken place between heads of the three War Departments (the Army, the Navy and the Air) and the Canadian Medical Advisory Committee in an effort to establish a harmonious, co-operative relationship. As a result of these conferences, the following letter was sent out by the senior officers of the three branches of the service to their chief medical officers in the different Military Districts:

1. The requirements in medical officers for the balance of the current year will be approximately 350. These officers are divided into two classes:

- | | |
|---|-----|
| (a) For service in Canada—Approximately 140 | |
| (b) For service overseas— | 210 |

The officers for service in Canada may be in categories "A", "B", or "C" and up to 55 years of age, or in special circumstances, over. The officers required for service overseas must be in category "A" and should be preferably under 40 years of age.

2. It is becoming increasingly difficult to obtain medical officers and it is anticipated that during the next year it will be still more difficult. There is approximately 12 per cent of all the doctors registered in Canada now in the services.

3. The Canadian Medical Association has promised its fullest co-operation in procuring medical officers for the different services. The D.M.O.'s are instructed to work in co-operation with the local Advisory Committee of the Canadian Medical Association in the matter of securing medical officers.

4. Arrangements have been made whereby the Canadian Medical Association will obtain, and keep up to date, a list of all Doctors in Canada who wish to offer their services. They will also compile information regarding these doctors which may be of assistance in selecting them for service.

5. D.M.O.'s will at once get in touch with the local representative of the Canadian Medical Association and obtain from him a list of all the doctors in the District who have offered their services through that Association.

6. The D.M.O.'s will not make any approach to interns regarding enlistment; and the Canadian Medical Association will undertake to obtain lists of all interns desiring to enlist, and their preference as to the branch of the service.

7. When doctors are required in the District, the D.M.O. will make use of this list in so far as possible, and if specialists are required other than those on the list, he will get in touch with the local representative of the Canadian Medical Association to ascertain if any such have been listed subsequent to the furnishing of the original list.

8. The above arrangements will not prevent a doctor from applying direct to the D.M.O. for admission into the Service or interfere with the responsibility of the D.G.M.S. to make selections for appointments according to his judgment.

9. Attached herewith, please find *pro forma* which you will arrange with the local representative of the Canadian Medical Association to have completed with respect to all physicians applying for appointment in the R.C.A.M.C. This *pro forma* should be obtained in duplicate and one copy forwarded to National Defence Headquarters, together with M.F.B. 287.

(Signed) R. M. GORSSLINE (Brigadier)
Director General of Medical Services.

Concur.

A. McCALLUM, (Surgeon Commander)
S.M.O., N.S.H.Q.

Concur.

R. W. RYAN (Air Vice Commodore)
D.M.S., R.C.A.F.

Concur.

T. C. ROUTLEY,
General Secretary,
Canadian Medical Association.

SUGGESTED PRO FORMA

OFFER OF SERVICE

1. Name.....
(Surname) (Christian Names)
2. Address.....
3. Age.....
4. Qualifications and Degrees.....
5. University and Date of Graduation.....
6. Date of qualification in Dominion or a Province.....
7. Special experience.....
8. Availability (taking into consideration civilian, University or hospital needs).....
9. Any other details necessary.....
10. Indicate service in order of preference
Navy Army Air
Date.....
District Representative,
Canadian Medical Association.

A copy of above information should, where possible, accompany the M.F.B. 287 to National Defence Headquarters.

The following resolution was passed:

"THAT it be recommended to each of the nine Divisions that—

WHEREAS recent meetings with medical heads of the respective military services have shown that there is necessity and desirability for close cooperation between the services and the Canadian Medical Association;

AND WHEREAS the senior medical officers have expressed a willingness to instruct their principal medical officers in the various divisions of Canada to cooperate with the Canadian Medical Association;

BE IT RESOLVED that each of the nine Divisions be now requested to take such steps as seem proper to the Division to bring the records of the Division strictly up to date with respect to medical personnel who are available for military service and in all other particulars which will assist the Divisional Advisory Committee, the Canadian Medical Association and the military authorities in the proper selection of medical personnel for the armed services, at the same time keeping in mind the needs of the civilian population."

NEW MEDICAL SOCIETY OVERSEAS

13. The following cablegram was received by the General Secretary on October 3rd, 1940:

"First Canadian Division Medical Society formed. Affiliation with Canadian Medical Association desired. May this be arranged? Reply Headquarters First Canadian Division."

McCUSKER.

To this cable the following reply was sent:

"Congratulations and greetings First Canadian Division Medical Society. Canadian Medical Association delighted to recognize you."

From time to time activities of this overseas medical Society have been reported in the *Journal*. Your Committee recommends to General Council that the action of the Executive Committee in accepting this Society into affiliation be approved.

Approved.

The suggestion was made that the First Canadian Division Medical Society might form the nucleus of a Canadian Corps Medical Society which might be interested in becoming a Division of the Canadian Medical Association.

JOURNALS TO MILITARY HOSPITALS

14. On the recommendation of the Canadian Medical Advisory Committee, your Executive Committee has undertaken to provide the *Journal*, with the compliments of the Association, to Canadian Military Hospitals overseas and also to military hospitals in Canada of 250 beds and over. A further suggestion was brought to the attention of our members that, if they are in possession of journals which they do not require for permanent keep, such journals would be appreciated by hospital units and medical personnel in the military services.

Approved.

RECIPROCITY WITH GREAT BRITAIN

15. As a war measure, having in view the utilization overseas of Canadian and United States doctors, the British authorities made the following official announcement on September 28th last:

"The Home Secretary, the Secretary for Scotland and the Minister of Health, under powers given them by the Defence Regulations, 1939, have issued jointly a Statutory Order dated September 14th, enabling the General Medical Council to register Canadian and United States doctors for the period of emergency."

Approved.

MEMBERSHIP

16. At its last session, General Council agreed that all Divisions would undertake during the coming year an active campaign to secure new members. It should be kept in mind that, under Federation, the annual fee to the Association is now collected by the nine Divisions from those of their members who wish to be members of the Canadian Medical Association. To a very large degree, therefore, the strength of the Association depends upon the activity displayed by the Divisions in securing and building up national membership.

17. Your Committee by resolution agreed that members of the Association on full time active service in His Majesty's forces should have their membership continued for the year 1941 without payment of fee. For those of this group who desire the *Journal*, it was agreed that it would be provided at a cost of \$4.00 per year. Herewith follows a statement of membership:

MEMBERSHIP STATEMENT

Province	Members		Subscribers	
	1940	1941	1940	1941
British Columbia.....	444	381	16	17
Alberta.....	561	567	31	29
Saskatchewan.....	311	277	5	8
Manitoba.....	197	267	20	24
Ontario.....	1,805	1,492	215	198
Quebec.....	635	635	66	96
Nova Scotia.....	288	231	7	11
New Brunswick.....	145	160	3	4
Prince Edward Island....	39	28
United States.....	19	18	284	278
Miscellaneous.....	13	12	81	66
In Military Service.....	187	376
Total.....	4,644	4,444	728	731

Keeping in mind that there are more than ten thousand doctors in Canada of whom it may be estimated that at least 85 per cent are still active, our membership falls far short of what it should be. Your Committee again recommends to General Council that this subject should be considered as one of vital importance and that every effort should be made to secure more members.

Approved.

Dr. G. S. Fahrni, Chairman of the Special Committee on Membership, presented the following report:

"There has been all too little interest in membership in the Canadian Medical Association by far too many of our profession and it is with a view to enquiring into this situation in the hope that something constructive may be offered that this report is submitted.

It is difficult to assess the different factors which account for this indifference to membership but we think we may place near the top in this category the regrettable failure on the part of many of us to appreciate our responsibility as units of organized medicine.

It is not our purpose to go at length into this whole question at this time but we would suggest that a standing committee on membership might well serve a useful function and, over a period of years, do a great deal in breaking down the barriers, imaginary or otherwise, which seem to have existed over the years.

We are particularly interested in getting the younger men enrolled as members and can think of no better time to start than the present. It is suggested that the time to enroll into membership the graduate in medicine, is when he grows out of the activities of the student body. If he enters hospital internship, or takes other forms of graduate training, or goes into practice, some provision should be made to take him into the fold, so to speak, so that he will feel truly a part of the medical profession. There is too great a tendency for these young graduates to feel themselves outside the fold and alone in the world and, as the years slip by, habits of isolation develop and sometimes bitterness and as they become increasingly independent, the spirit of individualism predominates. They have never learned the pleasure of friendly and instructive intercourse with fellow physicians, seen at its best at medical meetings, nor have they felt the sense of satisfaction that comes from a little effort in the direction of advancing the common interest and usefulness of the whole profession.

It is our opinion that if we can take these young men into our organization when they leave the student body, we are making at least a good beginning in introducing them to the responsibilities of organized medicine and giving them an opportunity of periodically meeting their fellow practitioners in a social way as well as in the study of scientific subjects. In order to bring this about it would seem reasonable to have some special provision for dues for these recent graduates who can hardly be expected to pay the membership fee during their intern years and this membership without fee might be carried to their first year in practice, then half fee for the second and third year and full fee thereafter. The graduating class should be addressed each year by some authority on organized medicine. It is probably unnecessary to state that the advantage of membership should be a greater factor than the reduction of fees. It is recommended that this arrangement should be made retroactive to the beginning of the war for the following reasons: Many of our young medical men have joined the forces since 1939. Some of these had been in practice only a year or so and many have gone into practice on graduation or from internships.

Surely these doctors should all be members of the Canadian Medical Association and we should accept them in our stride as a war measure. It would strengthen our position during the war and fortify us to meet post-war problems.

Before any conclusive action is taken it would, of course, be necessary to get the reaction of the Divisions and it would seem equitable to infer that some consideration in reduction of fees for recent graduates would be considered by them for Divisional Membership, as our constitution now demands membership in the Divisions as a preliminary step to their recommendation for Canadian Medical Association membership.

The matter of Divisional cooperation in any plan such as suggested is complicated by the arrangement, legislative and otherwise, with the College of Physicians and Surgeons in some of the Divisions. This applies only to the three Western Provinces, British Columbia, Alberta and Saskatchewan.

Two provinces, Ontario and Manitoba, already have a reduced fee schedule for recent graduates.

We think we may note that more and more the Canadian Medical Association is depending on the Divisions for membership, all of which no doubt is as it should be, but it does suggest that our advancement depends a great deal on the activity and capabilities of the Divisions.

1. It is recommended that the work of this Committee be continued; and

2. That an address to each graduating class be given by an authority on organized medicine.

3. That graduates since 1939, now in the armed forces, be enrolled into some special form of membership for the duration of the war.

4. That some form of recognition be given these new members periodically. It is suggested that some communication on Canadian medical problems be sent to them at least once or twice a year."

Approved.

The Executive Committee was instructed to set up a standing Committee on Membership, on the same basis as the other standing committees of the Association.

HONORARY MEMBER

18. In accordance with the provisions of Chapter II, Section 5 of the By-Laws, Dr. E. W. Montgomery of Winnipeg was elected to Honorary Membership by your Executive Committee at a meeting held in Ottawa on March 14th and 15th, 1941.

Approved.

SENIOR MEMBERS

19. In accordance with the provisions of Chapter II, Section 3 of the By-Laws, the following senior members were elected by your Executive Committee at a regular meeting held in Ottawa on March 14th and 15th, 1941:—

Dr. William Frederick Drysdale, Nanaimo, B.C.
Dr. Reginald Burton Deane, Calgary, Alta.
Dr. Harry Martindale Speechly, Winnipeg, Man.
Dr. Neil John Maclean, Winnipeg, Man.
Dr. P. D. Stewart, Saskatoon, Sask.
Dr. Francis James Burrows, Seaforth, Ont.
Dr. George Austin Bowen, Magog, Que.
Dr. Ambrose R. Myers, Moncton, N.B.

These members have been invited to appear at the Annual General Meeting on Wednesday, June 25th, to receive their badges and certificates.

Approved.

CONSTITUTION AND BY-LAWS

20. With the completion of Federation and the revision of the Constitution and By-Laws for Divisions, your Committee recommends that favourable consideration be given by General Council to the consolidation of the Constitution and By-Laws into one document for printing and distribution to members.

Approved.

MEDICAL SECRETARIES' CONFERENCE

21. The fourth Medical Secretaries' Dinner and Conference will be held on the Monday night of the Annual Meeting, when it is hoped that all provinces will be represented. Pooling of travelling expenses in which the Association shares to the extent of 50 per cent of the cost has facilitated this development of our activities. As

stated in a previous report, your Executive Committee believes that it is highly desirable from both national and provincial points of view that medical secretaries have the advantage once a year not only of meeting together but of being present at the annual meeting of the Canadian Medical Association.

Approved.

FEDERAL INCOME TAX

22. During the past year, amended regulations relating to Federal Income Tax payable by members of the medical profession were published. Due to the need of the country for increased revenue, exemptions were lowered, particularly in connection with automobile costs and the elimination of practically all exemptions for salaried doctors. In this latter instance, it was brought to light that there are many Canadian doctors on salary contract who are obliged to provide transportation and other costs incidental to the carrying out of their duties. The Commissioner of Income Tax assured your Committee that it was not the intention or the desire of the Department to tax legitimate expenses of salaried doctors. He suggested that salary contracts be amended to show—(a) salary for services rendered; and (b) expenses incurred in earning that salary. This information has been passed to all Divisions and many individual doctors personally concerned in the matter.

23. Overseas war guest children in Canada fall into two categories, those brought out under government auspices and those who have come out privately. In the former instance, taxpayers who have these children in their homes may claim exemption in a manner similar to that allowed for the taxpayer's own dependent children. In the second instance, however, the Minister of Finance has ruled that the taxpayer shall not be entitled to any exemption. While this appears to your Committee to be rather a fine distinction, the Minister of Finance is reported to have said in Committee on May 13th last, that this ruling would not be changed.

24. On behalf of those of our number who are on active service, your Committee submitted the following recommendations to the Minister of Finance:

1. Whereas the law provides that penalties attach to those persons who are obliged to file Income Tax Returns and who fail to do so on or before April 30th:

That this penalty be waived in respect of Canadian medical personnel who have proceeded overseas in any branch of the military service.

2. That for the duration of the war army pay and allowances received by medical personnel in any branch of the armed forces be not subject to the provisions of the Income Tax Act.

The Minister in reply stated that sympathetic consideration would be given to the representations which had been made, but concluded with these words, "I would not be justified in encouraging expectations, having regard to the heavy obligations which this country is undertaking."

Approved.

FOREIGN EXCHANGE CONTROL

25. Conferences held by members of your Committee with the Foreign Exchange Control Board led to the action which was taken on March 8th in sending a letter to every doctor in Canada pointing out that the medical profession of Canada is capable of rendering all necessary medical care to Canadian citizens. The Government has accepted our statement as part of its policy and in future permission will be granted only in rare and exceptional circumstances to Canadians to proceed to the United States for medical treatment; that is only where the medical evidence as to the condition of the applicant proves conclusively that it is absolutely essential for him

or her to leave Canada for such treatment. Your Committee is confident that the action taken in this matter will be approved by General Council.

Approved.

CANADIAN MEDICAL INSTITUTE *re* EXAMINATIONS

26. During recent years, representations have been made to the Canadian Medical Institute, disapproving of the appointment of a small group of medical practitioners from whom policy holders are obliged to make a selection for a medical examination. A communication has been received from the Canadian Medical Institute advising that it has abandoned the practice of furnishing a list of physicians to a policy holder who may now select his examining physician without restriction to a named list. Your Committee believes that this is a forward step on the part of the Canadian Medical Institute as it is definitely in line with an oft expressed opinion of our Association that there should be freedom of choice of doctor by patient and vice versa.

Approved.

SECTION OF PEDIATRICS *re* IMMUNIZATION

27. The following resolution was passed by the Section of Pediatrics at the annual meeting last June:

"That the Section of Pediatrics of the Canadian Medical Association request the Canadian Medical Association to consider the question of the Association making available to all physicians in Canada a small brochure of three or four pages setting out the various accepted immunological procedures; this brochure to be prepared in a very concise and practical manner, stating briefly the procedures which should be used and at what age, and other practical points of interest."

After careful inquiry, including the receipt of information from the various Provincial Departments of Health to the effect that the proposal was entirely acceptable to them, your Committee authorized the Section of Pediatrics to proceed with the preparation of the pamphlet.

Approved.

COMMITTEE ON INDUSTRIAL MEDICINE

28. The opinion was expressed to your Committee that some machinery should be set up within our organization to deal specifically with the problems of Industrial Medicine, the argument being advanced that the needs of war have so greatly accelerated industrial activity that workers are being exposed to long hours and much pressure of work which warrants special consideration being given to their health problems. After canvassing the situation, your Committee agreed that a useful purpose would be served in the establishment of a committee of Industrial Medicine and Dr. J. G. Cunningham who has had extensive experience in this field for the past twenty years has accepted the chairmanship. All the Divisions have been advised of this development and have been invited to co-operate in such manner as they see fit.

Approved.

Dr. J. E. Cunningham of Toronto presented the following report on Industrial Medicine:

"Mechanized warfare places heavy demands upon industry. Economic considerations become secondary to sustained maximum output which is dependent upon the conservation of labour. The medical profession has an obligation to the country to contribute to this end by keeping workers fit for the job through the practice of industrial medicine.

1. Industrial medicine is taken in principle to include preventive medicine and hygiene in factories, palliative treatment in sickness occurring in the factory, the recognition and control of occupational diseases, the control of infection in accidents and of accidents themselves.
2. The practice of preventive medicine and hygiene in industry involves physical examination on employment, which might include x-ray, Wassermann, blood pressure and urinalysis, and periodically during employment as appears necessary; encouraging the reporting of minor complaints of ill-health to assist in early diagnosis of disease and defect and frequent observation of industrial environment, such as ventilation, lighting, sanitation, hazardous processes and plant cafeterias.
3. Records should be kept to provide information on the extent to which dispensary facilities are used, the amount and kinds of illness and lost time therefrom and physical examination findings from time to time.
4. Health education through advice in the light of physical examination findings and more generally through posters, talks, etc., should be carried out.

This work should be in charge of physicians within industry who come regularly in contact with the factory. In larger plants daily contact is necessary. As a minimum, there should be equivalent of one full-time physician with nursing and clerical assistance for each 2,500 workers. In industries with special hazards involving sickness or accidents or a high labour turnover, this personnel will be inadequate.

It is recommended that in war industry there be established without delay facilities for:—

1. Pre-employment examination of workers.
2. Medical supervision of conditions of work.
3. Special examination of those already employed as is necessary for the early diagnosis and control of disease and maintenance of health.

Approved.

CONCLUSION

29. In concluding this annual report, your Executive Committee desires to record its deep appreciation of the splendid co-operation which it has received from committees and individual members of the profession in all parts of Canada.

All of which is respectfully submitted.

T. H. LEGGETT,
Chairman.

T. C. ROUTLEY,
General Secretary.

Approved.

REPORT OF THE DEPARTMENT OF CANCER CONTROL

Mr. Chairman and Members of General Council:—

30. The objectives of the Department of Cancer Control of your Association are as follows:

- The establishment of cancer study groups in all Canadian hospitals of 100 beds and over.
- The building up of a roster of medical speakers who will be available to go to all parts of Canada to address both medical and lay audiences on the subject of cancer.
- The preparation of material to be used by medical speakers for such addresses.
- The organization of medical teams to visit all the hospitals in which study groups have yet to be established.

- The preparation of material for publication to the laity as may be requested by the Canadian Society for the Control of Cancer.

The establishment of this Department was authorized by General Council at the Ottawa meeting in 1937. Cancer study groups have been organized in approximately fifty hospitals. A roster of medical speakers is available wherever required. Under the direction of Dr. A. H. Sellers of the Department of Health for the Province of Ontario, a statistical analysis of more than 1,000 cancer cases has been made and submitted to the provinces.

31. It is not invidious to say that no province has displayed greater activity in the work of this Department during the past year than the Province of British Columbia, under the capable chairmanship of Dr. Ethlyn Trapp. Dr. Trapp reports in part as follows:

"In British Columbia we have a large and representative committee, province-wide in its application. Monthly meetings of the Committee are held, being largely attended. Minutes are sent regularly to absentee members. Sub-committees have been established on Record Forms, Biopsy Service, Educational Program, Publications, Development of Study Groups, Public Health Relations, and a Speakers' Bureau. All of these sub-committees under the direction of carefully selected conveners, have done signal service during the past year in all the duties assigned to them. A scientific program of a very high order was made available and extended to various parts of the province during the year." In concluding her report, Dr. Trapp says, "Let me assure you that this committee will attempt to continue and expand its work and we hope it may helpfully support the Department of Cancer Control. If we have contributed in any way to the wider Canadian program, we are encouraged to greater effort."

32. The work of the Cancer Department in Alberta, under the Chairmanship of Dr. W. H. McGuffin of Calgary, has proceeded on a most satisfactory basis since the inception of the Department more than three years ago. Dr. McGuffin, reporting on behalf of his committee for the past year, has the following to say:

"During the annual meeting of the Alberta Division of the Canadian Medical Association in September, 1940, the Cancer Committee held an open forum at which officers of the Canadian Medical Association were in attendance. A full discussion relative to the 1940-41 cancer program was conducted and much useful information was contributed. The main problem of interest centred around the proposed provincial cancer clinics. The Government of the Province of Alberta arranged for the sum of \$45,000 to be expended in the establishment of cancer clinics, one to be situated in Edmonton and one in Calgary. The Government stipulated that for the time being, provision would be made for free diagnosis and free treatment by radium and x-rays. To date, the cancer clinics are operating with a fair degree of response upon the part of the public. The clinic officials are very emphatic in carrying out their instructions as laid down by the Director of Provincial Cancer Clinics, Dr. George H. Malcolmson of Edmonton. No patient is admitted to the clinic unless he has a properly completed application form from his medical doctor. The Edmonton Clinic is held in the Provincial Building every Tuesday morning. The Calgary Clinic is held in the Holy Cross Hospital every Friday afternoon. Approximately twenty patients are examined each day. The personnel of the clinics consists of a surgeon, an internist, a radiologist and a pathologist. From reports circulating in the Province of Alberta, one would judge that the Government hopes to increase the services of the clinics so as to include hospitalization for cancer cases during the time they are being treated, surgical care and possibly transportation of the patients from their homes to the centre where they can receive the necessary medical treatment and supervision. No definite action has been taken by the Government in regard to these services up to the present time."

"Twelve hospitals in the province are co-operating with the committee in keeping exact records of their cancer cases, which are made available to the Department of Cancer Control."

"Several hospitals in the province have study groups who review the cancer cases of their respective hospitals each month and interesting cases are brought to the knowledge of the staff for discussion. This maintains a lively interest in the methods of diagnosis and treatment as conducted by the medical men upon the roster of the hospital."

"In each number of the *Alberta Medical Bulletin*, there is a special article dealing with Cancer—reading time, five minutes. The articles are written by Alberta doctors and contain information essential for early diagnosis and the recognized treatment. The Cancer Committee is very grateful to the Editor of the *Bulletin* and the contributing doctors for their co-operation."

"The members of the Cancer Committee are co-operating whole-heartedly in giving assistance to the Alberta Branch of the Canadian Society for the Control of Cancer, in the establishment of district councils."

"In 1939, the Alberta Government passed legislation dealing with cancer cures,—“An Act to Provide for the Investigation of Remedies for Cancer”. In 1940, the Alberta Government passed “An Act relating to the Treatment and Prevention of Cancer”, from which the following is quoted:

"The Minister is hereby authorized and empowered to promote and encourage the formulation of schemes, plans and measures for the diagnosis, treatment or prevention of cancer, and in connection therewith the Minister is hereby authorized to provide that persons with limited means may have the full benefit of the said schemes, plans and measures without fee or charge.

Upon the recommendation of the Minister, the Lieutenant-Governor in Council is hereby empowered:—

- (a) To authorize the Minister to enter into agreements with any board or other body having the control and management of any hospital or any institution providing x-ray treatment or with radiologists, physicians or surgeons for the purposes of diagnosis, treatment, or prevention of cancer, or to organize a service for the said purposes;
- (b) to appoint a duly qualified person who shall have the supervision of all activities taken pursuant to this Act and such other clerks and employees as may be required and to prescribe the terms of employment, duties and remuneration of any persons so appointed;
- (c) to make rules and regulations as to the nature of any activities undertaken pursuant to any agreement entered into as aforesaid or pursuant to the organization of said service and the extent thereof and generally as to any matter or thing relating thereto."

33. Reporting for Manitoba, Dr. Gordon Fahrni states that the facilities of the Cancer Institute continue to expand for the benefit of cancer sufferers in that province.

34. Dr. G. Stewart Cameron, Chairman of the Ontario Committee, reports that a number of hospital study groups are active while others have discontinued their work for the duration of the war because of shortage of medical staff. An increasing number of patients is being treated in the Provincial Cancer Centres of which there are seven. Bulletins are prepared and sent out monthly to hospital study groups. Co-operation has been given to the Department of Health in an intensive cancer study in the County of Middlesex. Concluding his report, Dr. Cameron says, "We believe the effort which was launched just before the outbreak of war should be con-

tinued. There is work to be done. Many, both in our profession and without it, have had their interest quickened, and only await the passing of our present difficulties to show their interest in tangible acts. It is important, therefore, that our organization should be kept intact and ready to carry on a more vigorous campaign of treatment, education, and research than has hitherto been contemplated."

35. Dr. W. J. P. MacMillan, reporting for Prince Edward Island, says, "At each staff meeting of our Hospital, we discuss some phase of cancer, each doctor taking his turn in dealing with cancer in some certain region. We hold consultations of the Cancer Committee on all cases and after discussion advise the best course of procedure. To sustain interest and activity is going to be uphill work during the period of the war, but I say we must keep at it."

36. Saskatchewan with its efficiently organized Cancer Clinics in Regina and Saskatoon appears to be well equipped to provide adequate service to cancer patients. Interest in the work has been amply demonstrated by the public in substantial contributions to the funds of the Canadian Society for the Control of Cancer.

37. At time of writing, reports from Quebec, New Brunswick and Nova Scotia are not available but it may be assumed that in these three provinces the profession is doing its best despite depleted medical staffs due to war conditions, to give all cancer sufferers full advantage of approved methods of diagnosis and treatment.

38. Summing up it may be said that the war has slowed up activities in Cancer Study in some parts of Canada but as already stated, although it is an uphill fight, we must keep at it. Cancer does not wait.

All of which is respectfully submitted.

T. C. ROUTLEY,
Chairman.

Approved.

General Council expressed its appreciation of the grant from the Board of Trustees of the King George V Silver Jubilee Cancer Fund for Canada to assist in carrying on the activities of the Department of Cancer Control.

REPORT OF THE CENTRAL PROGRAMME COMMITTEE

Mr. Chairman and Members of General Council:—

39. The Scientific Programme for the Annual Meeting has been developed on the plan followed last year for the meeting in Toronto. General Sessions will be held each morning for three days with meetings of Sections in the afternoon. Round Table Conferences, which have been a successful feature of our Scientific Programme in the past two years, will be held each morning in the hour prior to the General Session. Eight Sections will hold Round Table Conferences on subjects of general interest to the profession.

40. The Programme provides eleven papers on various subjects of broad interest for General Sessions and one hundred and twenty-two papers for meetings of eleven Sections. Your Committee regrets to announce that Dr. C. D. Parfitt is unable, owing to illness to deliver his Osler Lecture at the Annual Meeting. It has been our custom to have three guest speakers from the United States address meetings of General Sessions and this year

your Committee is pleased to announce the following guest speakers: Dr. William F. Braasch, Professor of Urology, Mayo Clinic, Rochester, Minnesota; Dr. Rustin McIntosh, Carpentier Professor of Diseases of Children, Columbia University, New York, and Physician-in-Chief, Babies' Hospital, New York; and Dr. Ralph M. Tovell, Chief Anaesthetist, Hartford General Hospital, Hartford, Connecticut.

41. In conclusion, your Committee wishes to acknowledge the generous help and co-operation given in the preparation of the Scientific Programme by the Local Programme Committee in Winnipeg and to thank the many members of the Association who are contributing to the success of the meeting by reading papers or by conducting Round Table Conferences.

42. Finally, as Chairman of this Committee, I would like to thank my colleagues on the Central Committee for their whole-hearted support.

All of which is respectfully submitted.

DUNCAN GRAHAM,
Chairman.

Approved.

REPORT OF THE COMMITTEE ON NUTRITION

Mr. Chairman and Members of General Council:—

43. During the past year your Committee has continued its activities to draw to the attention of both the medical profession and the public the importance of proper nutrition, not only from the standpoint of the individual but from the standpoint of the nation.

44. During the month of July, 1940, a War-Time Emergency Course on Nutrition was conducted at the Ontario Agricultural College, Guelph, with the assistance of the Committee on Nutrition of the Canadian Medical Association and the Life Insurance Companies in Canada. The course was attended by a large number of women, approximately half of whom were selected by the Canadian Red Cross. A recent survey of those who attended the course shows that many of them are taking an active part in drawing the attention of the people in their respective communities to the importance of proper nutrition in relation to the health and efficiency of the nation. There appears to be a growing public interest and understanding in the field of nutrition.

45. In regard to the booklet, "Food for Health in Peace and War," which tells the housewife how she can obtain good nutrition at low cost through the use of Canadian foods, one and three-quarter million copies of this have already been printed and distributed, 340,000 of which are in the French language. This was done through the assistance of the Life Insurance Companies in Canada and the Canadian Red Cross. At the present time another 600,000 copies of "Food for Health in Peace and War" are being printed for distribution by the Canadian Red Cross and the Life Insurance Companies in Canada. Numerous reports have been received which indicate that this book may be playing a real part in providing Canadians, particularly those in the low income class, with information which is helping them to feed their families so that they will enjoy better health and improve the efficiency of the nation in this time of national crisis.

All of which is respectfully submitted.

FREDERICK F. TISDALL,
Chairman.

Approved.

REPORT OF THE HONORARY-TREASURER

Mr. Chairman and Members of General Council:

46. I have the honour to submit audited financial statements showing the standing of the General Fund, the Trust Funds and Special Grants of the Association as at December 31, 1940.

EXPENDITURES

47. Expenditures for the year approximated those of 1939. Disbursements in connection with National Emergency activities came to \$985.89, bringing the total expenditure since the outbreak of the war to \$1,785.97. National defence tax deducted from salaries paid from the general fund, and remitted to Ottawa, has totaled \$280.11 since the law became operative in July.

ORDINARY REVENUE

48. Ordinary revenue was slightly below that of 1939. Membership fees and subscriptions showed a rise of \$312.16 and investment revenue of \$572.77. Advertising receipts, however, were lower by \$1,274.76. The excess revenue from the annual meeting was \$8,149.05. Total receipts amounted to \$80,673.68, expenditures to \$69,181.75, leaving a net surplus balance for the year of \$11,491.93.

INVESTMENTS

49. The sum of \$20,000.00 was invested in Dominion Government bonds; \$10,000.00 in the First War Loan at par, paying 3¼ per cent, due 1948-1952; and \$10,000.00 in the Second War Loan at \$98.75, paying 3 per cent, due 1952. These amounts seem large for any one year but with the exception of a purchase of \$5,000.00 Prince Edward Island Deposit Certificates in 1938, no money from surplus revenue had been invested since 1932.

SURPLUS

50. While the surplus of somewhat over \$100,000.00 seems a gratifying result of operations over the past twenty years, it is still too small from a revenue producing point of view to warrant any new financial commitments except absolute necessities.

All of which is respectfully submitted.

D. SCLATER LEWIS,
Honorary-Treasurer.

AUDITORS' REPORT

Montreal, 12th March, 1941.

DR. D. SCLATER LEWIS,
Honorary-Treasurer,
Canadian Medical Association,
3640 University Street, Montreal.

Dear Sir:—

51. We beg to report that we have completed an audit of the books and accounts of the Canadian Medical Association for the year ended 31st December, 1940.

The receipts and disbursements of the General Secretary in Toronto, as shown on a statement certified to by Mr. Dignam as Auditor, have been incorporated in the books.

We verified the cash on hand and in bank and received confirmation of the securities which are held in safekeeping for Investment Account and for Trusts. The cash in bank for Annual Meeting Account as shown on the Balance Sheet is subject to deduction of certain small disbursements made prior to 31st December, 1940, which apply to the 1941 Annual Meeting to be held in Winnipeg.

We found the books and accounts in excellent order and were given every assistance in the conduct of our audit.

Subject to the foregoing remarks, we report that, in our opinion, the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Association's affairs as at 31st December, 1940, according to the best of our information and the explanations given to us and as shown by the books.

Yours faithfully,

(Signed) McDONALD, CURRIE & Co.,
Chartered Accountants.

STATEMENT No. 1

52.

BALANCE SHEET AS AT 31st DECEMBER, 1940

ASSETS		LIABILITIES	
Cash on Hand:		Accounts Payable.....	\$ 215.53
Montreal.....	\$ 25.00	Accrued Charges.....	18.44
Cash in Bank:		Advertising Prepaid.....	67.35
Montreal.....	\$14,084.50	Prepaid Membership Fees, 1941	\$314.00
Toronto:		Prepaid Subscriptions, 1941....	314.45
General Funds..	172.79		628.45
Annual Meeting.	5,362.36	Trusts—as per Schedule No. 2.....	33,030.60
	<u>19,619.65</u>	Special Grants—as per Schedule No. 3.....	13,729.36
	\$19,644.65		
ACCOUNTS RECEIVABLE:		SURPLUS ACCOUNT:	
Advertising.....	\$1,424.38	Balance at Credit, 1st January,	
Reprints.....	239.78	1940.....	\$101,706.12
Special Reprints.....	62.81	Add—Excess Revenue for Year	
Trust Funds and Special Grants	53.24	—as per Statement No. 2..	11,491.93
Sundries.....	33.06		<u>113,198.05</u>
	<u>1,813.27</u>		
INVESTMENTS:			
At Book Value, Schedule No. 1	\$90,811.70		
Accrued Interest on Investments	820.67		
	<u>91,632.37</u>		
Copies of History of Canadian Medical Association on Hand (at depreciated net cost)....	430.93		
Trust Funds—as per Schedule No. 2.....	33,030.60		
Special Grant Funds—as per Schedule No. 3.	13,729.36		
Furniture and Equipment—Less Depreciation	606.60		
	<u>\$160,887.78</u>		<u>\$160,887.78</u>

Submitted subject to our report of this date.

(Signed) McDONALD, CURRIE & Co.,

Montreal, 12th March, 1941.

Chartered Accountants.

STATEMENT No. 2

53. STATEMENT OF REVENUE AND EXPENDITURE FOR YEAR ENDED 31st DECEMBER, 1940

REVENUE		EXPENDITURE	
Membership Fees.....	\$34,371.20	JOURNAL EXPENSES:	
Subscriptions.....	3,950.13	Printing.....	\$26,634.45
Advertising.....	30,669.53	Illustrations.....	936.46
Special Reprints.....	346.50	Agents' Commissions.....	4,123.83
Sundry Sales of <i>Journal</i>	168.85	Editorial Salaries.....	9,300.00
Excess Revenue from Annual Meeting—as per Statement No. 3.....	8,149.05	Editorial Expenses.....	1,025.04
Revenue from Investments and Bank Interest	3,018.42		\$42,019.78
		ADMINISTRATION AND FINANCIAL EXPENSES:	
		General Expenses.....	\$ 782.52
		Travelling Expenses.....	5,893.53
		Office Expenses—General Sec- retary.....	290.41
		Postage.....	818.60
		Salaries:	
		General Secretary's Office (including expense allowance)\$15,777.80	
		Journal Office....	4,643.92
			20 421.72
		Stationery and Printing.....	630.99
		Telephone and Telegrams.....	469.21
		Bad Debts.....	88.03
		Discount and Exchange (Net).....	66.87
		Depreciation of Furniture and Equipment.....	67.40
		Depreciation of Copies of History of C.M.A. still on hand.....	143.65
			\$29,672.93
		Less—Recovered from Cancer Fund for Operation of Depart- ment of Cancer Control.....	5,000.00
			24,672.93
		Code of Ethics—Printing French Version....	141.18
		MEDICAL ECONOMICS:	
		Honorarium Mr. Wolfenden... \$1,000.00	
		Net Expenses of Attendance at Maritime Conference.....	94.80
		Stationery and Printing.....	10.72
			1,105.52
		Organizing Canadian Medical Profession for National Emergency.....	985.89
		Medical Secretaries' Conference—Travelling.....	256.45
		Excess Revenue for Year—Transferred to Surplus Account as per Balance Sheet.....	11,491.93
			\$80,673.68
			\$80,673.68

STATEMENT No. 3

54. ANNUAL MEETING IN TORONTO, JUNE, 1940, STATEMENT OF REVENUE AND EXPENDITURE

REVENUE		EXPENDITURE	
Commercial Exhibits.....	\$12,650.00	Expenses re Scientific and Com- mercial Exhibits.....	\$ 930.60
Grant Received from City of Toronto.....	250.00	Travelling Expenses.....	122.10
Bank Interest and Premium on U.S. Funds..	104.40	Salaries—General Secretary's Office.	1,515.00
		Printing:	
		Business Transactions	
		Annual Meeting.....	\$432.64
		General.....	817.57
			1,250.21
		Registration Expenses.....	272.06
		Auditors' Fee.....	10.00
		Expenses of Golf Tournament.....	97.35
		General Expenses.....	658.03
			\$4,855.35
		Excess Revenue from Meeting.....	\$8,149.05
			\$13,004.40
			\$13,004.40

SCHEDULE No. 1

55. SCHEDULE OF INVESTMENTS AS AT 31st DECEMBER, 1940

GENERAL FUND

	Par Value	Book Value
City of Montreal 6/44.....	\$ 500.00	\$ 542.50
City of Montreal 4½/46.....	1,000.00	975.00
City of Montreal 4½/47.....	2,000.00	1,856.20
City of Montreal 5/54.....	5,000.00	5,050.00
Dominion of Canada 3/55.....	1,000.00	985.00
Dominion of Canada 3½/49.....	5,000.00	4,825.00
Dominion of Canada 5/43.....	100.00	98.25
Dominion of Canada 3/52.....	10,000.00	9,875.00
Dominion of Canada 3¼/52.....	10,000.00	10,000.00
Island of Montreal Metropolitan Commission 4½/62.....	8,000.00	8,220.00
Island of Montreal Metropolitan Commission 4½/61.....	1,000.00	1,000.00
Island of Montreal Metropolitan Commission 5/49.....	2,000.00	2,006.00
Jewish Hospital Campaign Committee Inc., of Montreal 5/46.....	5,000.00	4,950.00
Province of Alberta 4½/42.....	5,000.00	4,812.50
Province of British Columbia 4/57.....	5,000.00	4,775.00
Province of New Brunswick 3¼/49.....	10,500.00	10,211.25
Province of Nova Scotia 3/52.....	10,000.00	9,900.00
Province of Ontario 3/49.....	1,000.00	995.00
Province of Prince Edward Island Deposit Receipt 3%.....	5,000.00	5,000.00
Province of Saskatchewan 4/54.....	1,000.00	900.00
Province of Saskatchewan 4½/60.....	3,000.00	2,835.00
Ritz-Carlton Hotel Co. 1st Mortgage 5/42.....	1,000.00	1,000.00
	<u>\$92,100.00</u>	<u>\$90,811.70</u>

Approximate Market Value, \$86,211.00.

TRUST FUNDS

56. Lister Club Fund:

City of Winnipeg 5/43.....	\$4,000.00	\$4,021.20
Province of Quebec 4½/63.....	1,000.00	985.00
	<u>\$5,000.00</u>	<u>\$5,006.20</u>

Approximate Market Value, \$5,040.00.

57. Osler Memorial Fund:

Dominion of Canada 3/55.....	\$2,000.00	\$1,970.00
Dominion of Canada 3½/49.....	100.00	96.50
Pacific Great Eastern Railway 4½/42.....	500.00	497.65
Province of Alberta 4½/42.....	3,000.00	2,887.50
	<u>\$5,600.00</u>	<u>\$5,451.65</u>

Approximate Market Value, \$4,520.37.

58. Osler Scholarship Fund:

City of Montreal 5/43.....	\$5,000.00	\$5,187.50
Island of Montreal Metropolitan Commission 5/42.....	5,000.00	5,162.50
Montreal Protestant Schools 5/52.....	2,000.00	1,995.60
	<u>\$12,000.00</u>	<u>\$12,345.60</u>

Approximate Market Value, \$11,840.00.

59. Blackader Lecture Fund:

City of Drummondville 4/56.....	\$ 500.00	\$ 517.50
City of Drummondville 4/62.....	100.00	103.50
Dominion of Canada 4½/46.....	200.00	195.00
Dominion of Canada 4½/57.....	200.00	204.00
Province of Alberta 4½/56.....	1,000.00	1,000.30
Three Rivers R.C. Schools 5½/44.....	3,000.00	3,030.00
	<u>\$5,000.00</u>	<u>\$5,050.30</u>

Approximate Market Value, \$4,665.75.

NOTE.—The Association is holding the following Uncashed Coupons on Province of Alberta Bonds:—

General Fund.....	\$1,012.50
Osler Memorial Fund.....	607.50
Blackader Lecture Fund.....	202.50

SCHEDULE No. 2

SCHEDULE OF TRUSTS AND TRUST FUNDS AS AT 31st DECEMBER, 1940

			Trust Funds	Trusts
60. Lister Club Fund:				
Capital.....		\$5,042.36		
Accumulated Revenue, 1st January, 1940.....	\$1,141 58			
Revenue for Year.....	255.27			
		<u>1,396.85</u>		\$6,439.21
Represented by—				
Investments as per Schedule No. 1.....		\$5,006.20		
Cash in Bank.....		<u>1,433.01</u>	6,439.21	
61. Osler Memorial Fund:				
Capital.....		\$5,564.16		
Deficit, 1st January, 1940.....	\$83.70			
Revenue for Year.....	80.31			
		<u>3.39</u>		5,560.77
Represented by—				
Investments as per Schedule No. 1.....		\$5,451.65		
Cash in Bank.....		<u>109.12</u>	5,560.77	
62. Osler Scholarship Fund:				
Capital.....		\$12,474.90		
Accumulated Revenue, 1st January, 1940.....	\$901.65			
Revenue for Year.....	615.85			
		<u>1,517.50</u>		13,992.40
Represented by—				
Investments as per Schedule No. 1.....		\$12,345.60		
Cash in Bank.....		<u>1,646.80</u>	13,992.40	
63. Blackader Lecture Fund:				
Capital.....		\$5,000.00		
Accumulated Revenue, 1st January, 1940.....	\$698.98			
Revenue for Year.....	204.70			
		<u>\$903.68</u>		
Deduct—Oration Expenses.....	329.16		574.52	
				5,574.52
Represented by—				
Investments as per Schedule No. 1.....		\$5,050.30		
Cash in Bank.....		<u>524.22</u>	5,574.52	
64. Blackader Library of the Hospital Service Department:				
Balance, 1st January, 1940.....		\$1,295.17		
Bank Interest.....		6.25		
		<u>\$1,301.42</u>		
Deduct—Expenditure for Books and Literature.....		94.90		1,206.52
Represented by—				
Cash in Bank.....		\$1,211.52		
Less—Account Payable.....		<u>5.00</u>	1,206.52	
65. Canadian Radiological Society Library Fund:				
Balance, 1st January, 1940.....		\$261.01		
Bank Interest.....		1.28		
		<u>\$262.29</u>		
Deduct—Expenditure for Books.....		5.11		257.18
Represented by—				
Cash in Bank.....			257.18	
			<u>\$33,030.60</u>	<u>\$33,030.60</u>

SCHEDULE No. 3

SCHEDULE OF SPECIAL GRANTS AND SPECIAL GRANT FUNDS AS AT 31ST DECEMBER, 1940

		<i>Special Grant Funds</i>	<i>Special Grants</i>
66. Department of Hospital Service:			
Balance at Credit, 1st January, 1940.....	\$ 681.60		
Grant from Sun Life Assurance Company of Canada.....	11,000.00		
Bank Interest.....	4.78		
	<u>\$11,686.38</u>		
<i>Deduct</i> —Salaries (including expense allowance).....	\$9,120.00		
Travelling Expenses.....	561.38		
Printing, Stationery, Literature and Office Supplies...	670.09		
Postage.....	242.61		
Telephone and Telegrams.....	183.60		
General Expenses.....	113.23		
Depreciation of Equipment.....	68.57		
	<u>10,959.48</u>		
Balance at Credit, 31st December, 1940.....			\$726.90
Represented by—			
Cash in Bank.....	\$235.66		
Less—Accounts Payable.....	125.84		
	<u>\$109.82</u>		
Equipment—Less Depreciation.....	617.08		
	<u>\$726.90</u>		
(Revenue, \$11,004.78; Expenditure, \$10,959.48; Excess Revenue for Year, \$45.30.)			
67. Department of Publicity and Health Education:			
Balance at Credit, 1st January, 1940.....	\$4,213.27		
Bank Interest.....	19.20		
Royalties on "What You Should Know" Series.....	1.26		
	<u>\$4,233.73</u>		
<i>Deduct</i> —Stationery and Printing.....	\$ 9.00		
Depreciation of Equipment.....	33.60		
	<u>42.60</u>		
Balance at Credit, 31st December, 1940.....			4,191.13
Represented by—			
Cash in Bank.....	\$3,888.76		
Equipment—Less Depreciation.....	302.37		
	<u>4,191.13</u>		
68. Post Graduate Department:			
Balance at Credit, 1st January, 1940.....	\$380.59		
<i>Deduct</i> —Depreciation of Equipment.....	95.15		
	<u>285.44</u>		
Balance at Credit, 31st December, 1940.....			285.44
Represented by—			
Equipment—Less Depreciation.....			285.44
69. Cancer Fund:			
Balance at Credit, 1st January, 1940.....	\$ 5,383.79		
Grant from Board of Trustees of King George V Jubilee Cancer Fund for Canada.....	14,000.00		
Bank Interest.....	75.30		
Sales of Handbook on Cancer.....	17.86		
	<u>\$19,476.95</u>		
<i>Deduct</i> —Canadian Society for Control of Cancer.....	\$7,000.00		
Canadian Medical Association for Operation of Department of Cancer Control.....	5,000.00		
Organizing Tumour Study Group—Travelling Expenses.....	16.00		
	<u>12,016.00</u>		
Balance at Credit, 31st December, 1940.....			7,460.95
Represented by—			
Cash in Bank.....	\$4,403.17		
Less—Account Payable.....	3,000.00		
	<u>\$1,403.17</u>		
Accounts Receivable.....	6,057.78		
	<u>7,460.95</u>		
(Revenue, \$14,093.16; Expenditure, \$12,016.00; Excess Revenue for Year, \$2,077.16.)			

SCHEDULE NO. 3—Continued

70. Committee on Nutrition:

Deficit, 1st January, 1940.....	\$ 37.25
Cash Received from London Life Insurance Company for Summer Course on Nutrition.....	1,800.00
Cash Received from Canadian Life Insurance Officers' Association for preparation on Nutrition Booklet.....	435.58
Cash Received from Mead, Johnson & Co. for issuing booklet "Nutrition in Everyday Practice".....	1,852.89
Bank Interest.....	.82
Sale of Nutrition Booklets.....	2.60

\$4,054.64

Deduct—Ontario Agricultural College for Summer Course on Nutrition.....	\$1,800.00
Dietetic Work and Stationery for preparation of Nutrition Booklet.....	435.58
Printing Booklet "Nutrition in Everyday Practice"..	1,752.89
Postage.....	14.24
General Expenses.....	16.50

4,019.21

Balance at Credit, 31st December, 1940..... 35.43

Represented by—

Cash in Bank.....	\$32.83
Account Receivable.....	2.60

35.43

71. Radio Broadcasting Account:

Cash Received from Canadian Broadcasting Corporation.....	\$1,320.00
Bank Interest.....	9.51

\$1,329.51

Deduct—Honoraria Paid for Broadcasts..... 300.00

Balance at Credit, 31st December, 1940..... 1,029.51

Represented by—

Cash in Bank.....	1,029.51
-------------------	----------

\$13,729.36 \$13,729.36

Approved.

REPORT OF THE EDITOR

Mr. Chairman and Members of General Council:—

72. In view of the War the Editorial Board had feared that there would be a falling-off in the number of original articles submitted for publication. As a matter of fact we have had a slight diminution in number as compared with the previous year. We have, however, refused fewer. The figures are: 287 papers received; 26 returned. This diminution is not material, for we are specializing on war topics and some of the manuscripts of this type have been unusually long (and unavoidably so). There has, then, been no difficulty in keeping the pages of the *Journal* filled. In fact, we have been hard put to it to find sufficient space for other important material.

73. For some years past it has been the policy of the Board to publish a limited number of articles of a research type. Our action would seem to be vindicated by the fact that the Medical Research Council of Great Britain has asked that our *Journal* be mailed to them regularly. This is being done and we have received from them a number of annual reports and many valuable monographs in exchange.

74. The series of articles on topics relating to Medical Economics by Mr. Hugh Wolfenden came to an end with the October issue.

75. The scope of the *Journal*, after much consideration, has been enlarged. In January we began printing items of various kinds in the French language in the hope of enlisting more fully the interest of our French-speaking colleagues in the affairs of our Association and its *Journal*. This at present is an experiment and only the future can tell whether it will be a success. At all events, for the

time-being the plan is working out satisfactorily. When the idea was first broached to our French-speaking confrères it was received cordially by them, we are pleased to record, and all with whom we were in correspondence pledged their active support.

76. The Quebec Division of our Association has appointed a local editorial board, for before we had none, of which Dr. Jean Saucier, Professeur Agrégé in the University of Montreal, is chairman. Dr. Saucier will have charge of the News Column for the Province of Quebec and will also prepare summaries in French of selected articles appearing in our own *Journal*.

77. Dr. Yves Chaput and Dr. Pierre Smith, of Montreal, have been engaged to abstract in French articles appearing in leading journals of the English tongue.

78. Dr. Charles Vézina, of Quebec City, Dean of the Medical School of Laval University and a member of our Association, has consented to act as Corresponding Member of the Central Editorial Board, replacing the late regretted Dr. P. C. Dagneau.

79. In July last we instituted a new Section, entitled "The War". This takes care of short original communications on war topics, reports of special committees, news items, and the like, together with selected excerpts from outside sources on subjects pertinent to war. At the end is a list of articles, books and pamphlets which are judged to be of value to those actively engaged in war work.

80. Special consideration is being given to articles on war topics, particularly when they embody special study or research or are of direct practical value. Such are given right of way and immediate publication. They are also abstracted in French. Under this heading we wish to draw attention to the following:—"Shock: Its cause

and treatment", by J. C. Meakins; "Studies in experimental shock", by C. H. Best and D. Y. Solandt; "The soldier's documents", by Lieut.-Col. W. C. Arnold; "Examination of the recruit", by Lieut.-Col. A. R. Hagerman; "Routine chest x-ray examinations of recruits", by Col. W. A. Jones; "Medical aspects of the Air-Force", by Group-Captain R. W. Ryan; "Trends in military surgery in the first year of the war", by Lieut.-Col. J. A. MacFarlane; "Some aspects of aviation medicine", by Group-Captain R. W. Ryan and Squadron-Leader G. E. Hall; "The psychoneuroses of war", by G. F. Boyce; "Psychological factors in aviation", by M. R. Harrower-Erickson; "War wounds", by W. E. Gallie; "The intracranial use of the sulfonamides", by E. F. Hurteau; "Emphysema under the age of forty", by P. M. Andrus; "The use of concentrated pooled human serum and pooled lymphile serum in the treatment of shock", by B. Rose, P. J. Weil, and J. S. L. Browne; "Problems in the preservation of blood", by O. F. Denstedt, D. E. Osborne, M. N. Roche and H. Stansfield; "Isinglass as a transfusion fluid in hæmorrhage and shock", by N. B. Taylor and E. T. Waters.

81. The following items on various topics are also worthy of special note:—"On the therapeutic value of adrenal cortical hormones in traumatic shock", by H. Selye, C. Dosne, L. Bassett, and J. Whittaker; "The reduction of mortality from experimental traumatic shock with adrenal cortical substances", by P. G. Weil, B. Rose, and J. S. L. Browne; "Alcohol and automobile driving", by A. T. Cameron; "Experience with the Pfeiffer crystallization method for the diagnosis of cancer", by O. C. Gruner; "The corrosion of metals in tissues and an introduction to tantalum", by G. L. Burke; "Regression of oestrogen-induced mammary tumours in female rats following removal of the stimulus", by R. L. Noble and J. B. Collip; "Surgery of the aged", by A. W. S. Hay; "The clinical use of the sulfonamide derivatives", by P. H. Long; "New method of treatment of depressed fracture of the zygomatic bone", by H. Baxter; "Periodical fluctuations in the blood picture in cancer and their bearing on radiation therapy", by O. C. Gruner; "The etiology of Sydenham's chorea: Encephalographic studies", by S. J. Usher and H. H. Jasper.

82. The Fourth Blackader Lecture, by Dr. Alan Brown, was entitled "A decade of paediatric progress". It was exhaustive in its scope and an able effort.

83. As indicating the range of the *Journal* the following editorials may be mentioned:—Age as a Factor in the Diagnosis, Prognosis, and Treatment of Disease; Dangers from the Indiscriminate Use of the Barbiturates; The Effect of Temperature on the Nutritious Qualities of Foods; Gas and Gassing; The Phenomenon of "Black-out"; Britain's Bread; Canadian Wheat, Flour and Bread; The Campaign against Venereal Diseases in the Province of Quebec; Lines of Defence—and of Offence; Peptic Ulcer—The Major Disability of Wartime.

84. Rare cases reported were:—"Boeck's disease", by J. H. Palmer; "Weill's disease", by A. J. Blanchard and C. H. Jaimet; "Brill's disease", by J. E. Nichol.

85. A method of circumcision, using the cautery, was described by T. C. Brereton.

86. Books received for review numbered 201, of which 75 were merely listed. Among those by Canadian authors were:—"Pathology of Internal Diseases", by W. Boyd, 3rd edition; "A Method of Anatomy", by J. C. B. Grant; "The Parasites of Man in Temperate Climates", by T. W. M. Cameron; "Study of the Distribution of Medical Care and Public Health Services in Canada", by National Committee of Mental Hygiene, Canada.

87. The regretted deaths of Drs. Harvey Smith and David Low, Past-presidents of the Association, and of Drs. John G. FitzGerald, F. G. Finley, Maude E. Abbott, and Sir Frederick Banting were suitably recorded.

88. The Editor's personal thanks are tendered to the following, whose ready aid has been of great value:—Dr. H. E. MacDermot, Assistant Editor, and the other members of the Editorial Board; the Chairmen of the Divisional Editorial Boards; to Drs. T. C. Routley and

Harvey Agnew for helpful co-operation; to Dr. Robert T. Noble, the College of Physicians and Surgeons of Ontario; to the Bureau of Investigation of the American Medical Association; to Dr. N. Gerald Horner, Editor of the *British Medical Journal*; to the Office Staff, and to the Murray Printing Company for their cordial and efficient co-operation.

All of which is respectfully submitted.

A. G. NICHOLLS,
Editor.

Approved.

REPORT OF THE MANAGING EDITOR

Mr. Chairman and Members of General Council:—

89. In the budget for 1940 and subsequent reports to Executive Committee a falling off in advertising revenue was anticipated. It is indicated in the Treasurer's report that receipts were lower than in 1939 by \$1,274.76.

90. While business conditions in 1940 were excellent and stimulated advertising to a marked degree, certain adverse factors developed such as: cancellation of practically all contracts where shipments from Great Britain were involved; the 10 per cent war tax levied on imports on July 1st; our own continued strict censorship of advertising copy.

91. When one considers that our advertising revenue in 1939 was the second highest on record, the percentage reduction in 1940 is exceedingly small.

No other departments in the *Journal* require comment at this time.

All of which is respectfully submitted.

D. SCLATER LEWIS,
Managing Editor.

Approved.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION

Mr. Chairman and Members of General Council:—

I. THE TEACHING OF MEDICAL ECONOMICS TO MEDICAL STUDENTS

92. This problem was passed on from your Committee on Medical Education last year. As social patterns are still subject to change on account of war conditions, no definite recommendations are being brought before the Council at this time.

93. The trend toward and development of various plans for prepaid medical and hospital services are now beginning to occupy the attention of medical groups. The matter of discipline of physicians participating in these groups is giving some concern to licensing bodies, the question being: What group is responsible for the discipline of a physician who does not play the game fairly?

II. INTERNS AND INTERN TRAINING

94. More or less standardization of the classification of internships is recommended to create some uniformity throughout the country. A junior internship should consist of the first year's residence in a hospital whether as a graduate or a final year under-graduate in certain schools. A senior internship should consist of the second year of residence in hospital after the junior internship is completed. The supervision of interns in the hospital and the educational content of interns' training should be a matter of common recognition by hospital staffs whether the hospital be a large hospital or a small one.

III. MILITARY TRAINING FOR MEDICAL STUDENTS

95. During the past year there has been some measure of military training in the various medical schools for medical students. Owing to the extent of the present

day medical curriculum, adding one hundred and fifty to two hundred hours' additional requirement to an already over-loaded medical curriculum has, in some ways, been a hardship to some students.

It would seem that, to carry out the spirit of military training in the universities, the Department of National Defence should consider the training of medical students as a group apart from other university students on account of the special nature of their work.

All of which is respectfully submitted.

F. J. H. CAMPBELL,
Chairman.

Approved.

ADDENDUM

JOINT RELATIONS COUNCIL ON MEDICAL EDUCATION; HOSPITALS AND LICENSURE

Mr. Chairman and Members of General Council:—

96. As the undersigned were authorized by the Executive Committee at its April, 1940, session to make provision for a conference of the Joint Relations Council on Medical Education, Licensure and Hospitals at the time of the 1940 Annual Meeting it would be in order to make a report of this conference to Council.

97. At this meeting were representatives of: the Canadian Medical Association; the provincial divisions of Ontario, Saskatchewan, Alberta and British Columbia; the universities of Laval, Montreal, McGill, Toronto, Western Ontario, Manitoba and Alberta; the Medical Council of Canada; the provincial licensing bodies of Quebec, Ontario, Saskatchewan, Alberta and British Columbia; the Royal College of Physicians and Surgeons of Canada; the Canadian Hospital Council; the Canadian Public Health Association; the Medical Societies of University Hospitals (Quebec).

98. The discussion centred about several main topics. The relationship of the medical colleges to intern training was considered and valuable suggestions were made. Better control over internship training was favoured. The work of the Canadian Intern Board and the policies of the Canadian Association of Medical Students and Interns (CAMSI) were discussed. Post-graduate training for the practising physician was considered. Invitations to special hospital staff meetings and conferences, intensive post-graduate weeks by clinical societies and hospital staffs, the development of local libraries and the use of post-graduate lectures were among the solutions offered.

99. The question of dual examinations elicited much discussion. A resolution presented by Dr. Ryerson read in part:

Resolved:

THAT, in view of the fact that the Medical Council of Canada will be impelled by the war situation to give consideration to the ways and means whereby the graduates in medicine of Canadian universities in 1941 (and possibly in the succeeding years) may obtain their Licentiate of the Medical Council of Canada as soon as possible after graduation and thereby be qualified to become licensed in any province and be in a position to undertake either military or civil practice with the least possible delay—

The Joint Relations Council begs to recommend that the Medical Council of Canada make arrangements with each Canadian University Medical Faculty to conduct the Medical Council examinations and the graduating examinations of the University as a single procedure and thus save the six to eight weeks' delay that occurs under the present system and avoid, at the same time, the unnecessary duplication of these examinations.

The resolution was approved and subsequent progress in this direction would indicate that it was of value.

100. *Refugee physicians* were considered and the procedures being followed in the various provinces were discussed.

101. The following suggestions respecting future annual sessions have been made:

(a) Two sessions might be held, or two or more parts of this body might confer separately on special problems of particular interest to certain of the groups.

(b) This body might function not only for the purpose of bringing representatives of a number of national and provincial bodies together once a year but might be available throughout the year as a medium whereby any two or more bodies interested in a common problem could be brought together in conference or by correspondence without delay.

(c) If this conference could be held later in the week it might be possible for others not usually arriving on Tuesday to attend. This, however, would conflict with the scientific program.

(d) It was agreed that the Federation of the Medical Societies of Quebec should be invited to participate in 1941.

102. A program has been arranged for the afternoon of Tuesday, June 24th, at the Winnipeg meeting to which members of the Council of the Canadian Medical Association are invited. Among the topics requested by participating associations for inclusion on the agenda are:

1. War services and (a) the medical student, (b) the intern, (c) the resident, (d) the resident qualifying as a specialist, (e) the proposed eight months' internship;
2. The control of surgery and other clinical procedures in hospitals;
3. Relationship of the profession to prepaid medical and hospital services.

All of which is respectfully submitted.

F. J. H. CAMPBELL,
HARVEY AGNEW.

Approved.

REPORT OF THE DEPARTMENT OF HOSPITAL SERVICE

Mr. Chairman and Members of General Council:—

103. The Department of Hospital Service of the Canadian Medical Association desires to report a very active year since the last meeting of General Council. Over the years this office has become recognized as a clearing house for information on matters relating to hospital activities, with the result that not only are requests for information being constantly received from all parts of Canada but an ever increasing correspondence is conducted with individuals, associations and governments in all parts of the world.

104. As in previous years a large part of the work of the Department is what might be characterized as "routine"; i.e., giving advice to hospital administrators, trustees, medical staffs and others, checking plans for construction or proposals for reorganization, making recommendations as to equipment or with respect to clinical procedures, collecting data, and interpreting tariff and other legislative rulings.

SCHOOLS FOR LABORATORY TECHNICIANS

105. Our Department of Hospital Service has co-operated closely with the Committee, under the chairmanship of Dr. William J. Deadman, which was charged with the formulation of a Basis of Approval for Schools for Laboratory Technologists and with the approval of such schools, the secretary of this Department acting as secretary of the Committee. The report of this Committee is given elsewhere.

MEDICAL INTERNSHIPS

106. The list of hospitals approved for internship and the list of those commended have again been revised. Annual revision of these lists is necessary in view of the varying efforts to provide adequate intern education, the tendency, fortunately, being in an upward direction in most instances. It is anticipated that the list of hospitals approved for 1941-42 will number some fifty-three hospitals with eight hundred and sixteen internships.

107. For several years now there has been a strong effort on the part of graduates of unrecognized medical schools in the United States to obtain internships in Canada. This has been due to the fact that they have been barred from taking an internship in hospitals approved for internship by the American Medical Association. Owing to the shortage of interns in Canada a number have obtained positions here, usually in hospitals not approved for internship, as one of the requisites for approval is the assurance that internships will be restricted to graduates of approved Canadian or American medical schools, or to graduates of recognized schools from Great Britain or abroad.

108. The increasing shortage of interns, made more acute by the war situation despite the effort of those in authority not to disturb interns during their first year of internship, has stimulated interest in the possibility of having a number of the less exacting clinical duties performed by selected graduate nurses specially trained to do this work. A number of hospitals have found it necessary to adopt such procedure for blood pressure readings, intravenous saline and glucose, taking of Wassermanns, writing of histories up to the point of the physical, progress notes, etc.

109. Another desirable development has been the Canadian Intern Board, a body formed to overcome the prolonged uncertainty and confusion associated with the appointment of graduate interns. Now students, on applying to a number of hospitals, send to the Board their list of hospitals arranged in order of preference. The hospitals grade the applicants in order of preference and so notify the Board. The Board then allocates the interns, giving each student and each hospital as near a first choice as possible. As a result of this arrangement which meets the wishes of both parties, practically all students are placed by Christmas, weeks and months earlier than was possible in the past. Although sponsored primarily by the national medical undergraduate organization, that body has leaned very heavily on this Department for guidance and direction in developing this plan.

CANADIAN HOSPITAL COUNCIL

110. This "Parliament" of the provincial and other hospital associations in Canada was originally sponsored by this Department, which has continued to be an active part of the Council. The Council has been particularly active in federal legislation and has done much to safeguard and further the legislative welfare of the hospitals. In July last, representation was made to Ottawa that inclusion of the public hospitals under the Unemployment Insurance Act would be a considerable expense to hospitals which the latter could not do otherwise than pass on to the patients and that, because of the necessity of maintaining constant staffs, there is practically no unemployment among regularly employed hospital personnel, hence no benefit. Exemption was given.

111. Later in the year a survey was made of facilities in civilian hospitals and of personnel which could be made available to the government in case of national emergency. This survey was made in co-operation with the Federal Government.

112. Through the pages of the monthly "Canadian Hospital" an excellent opportunity has been made available for the presentation to the hospital field of valuable and timely data on modern hospital methods and hospital practice.

PLANS FOR HOSPITAL CARE

113. This Department has kept in close touch with the various plans for group hospitalization or prepayment of hospital care. Their phenomenal growth has indicated

that the future method of financing illness may lie in these voluntary plans rather than in a state-controlled system. The sixty-six "approved" hospital care plans on this continent already have six and a quarter million members. The only one of these sixty-six approved plans in Canada is the Manitoba Hospital Service Plan, although all together in Canada we have between sixty and seventy plans.

The most ambitious of these plans in Canada has recently been launched in Ontario. Here a province-wide plan providing hospitalization at an exceedingly low cost has been sponsored by the Ontario Hospital Association with the Ontario Medical Association participating in its direction. The development of these plans, if accompanied by adequate benefits and along sound actuarial lines, should do much to promote earlier hospitalization and, as a result, lead to quicker and more frequent recovery from illness.

ETHICS FOR HOSPITALS

114. While the medical and nursing professions have very fine codes of ethics, there has not been a code for hospital administrators or a general one applicable to all hospital personnel. The need for some such code, for both internal and external relationships, has long been obvious. To remedy this situation a Joint Committee to draft a Code of Ethics for Hospitals has been set up by the American College of Hospital Administrators and by the American Hospital Association, in the membership of which bodies the Canadian hospitals are well represented. The place of our Department of Hospital Service in the hospital field has been recognized by the appointment of the undersigned as chairman of this Joint Committee. The Code of Ethics is now almost completed.

115. To the President and Officers of the Sun Life Assurance Company of Canada is tendered the grateful appreciation of the Canadian Medical Association and that of the trustees, administrators and others who comprise the large group of individuals who are so deeply concerned with the welfare of our hospitals.

All of which is respectfully submitted.

HARVEY AGNEW,
Secretary.

Approved.

REPORT OF THE COMMITTEE ON THE TRAINING OF LABORATORY TECHNOLOGISTS AND REGISTRATION OF TECHNOLOGISTS

Mr. Chairman and Members of General Council:—

116. At the annual meeting of General Council in 1940 the two basic undertakings of this Committee were presented to Council and approved. These were:

1. Recommendations for requirements in the Constitution of the Canadian Society of Laboratory Technologists whereby that body could be recognized as a Registry of Laboratory Technologists by the Canadian Medical Association. These requirements, after approval by General Council, were passed to the C.S.L.T., which body made the changes necessary in its Constitution and put them into effect January 1st, 1941.
2. The creation of a Basis of Approval for Schools for Laboratory Technologists. This Basis of Approval has been printed and made available to interested hospitals.

117. At last year's meeting the same Committee was named to continue in office for the approval of schools for laboratory technologists in accordance with the basis of approval set up.

118. To date schools for the training of laboratory technologists at the following hospitals have been approved: Victoria General Hospital, Halifax; St. Michael's Hos-

pital, Toronto; and Hamilton General Hospital, Hamilton. The first two schools have been approved for both general and specialty courses and the Hamilton General Hospital for general training. A number of other applications are now under consideration and it is quite possible that several of these applications will be approved. Directors of other laboratories have been making enquiries regarding the approval of their laboratories for the training of technicians. It is not anticipated that the number of schools to be approved will be large, as in some cases it would require a considerable reorganization of their laboratory routine. It is anticipated, however, that a sufficient number of schools will be approved so that hospitals and other institutions desiring properly trained laboratory technicians, either in general or specialty fields, will be enabled to obtain individuals who have had the privilege of this training.

119. In the interval since the last meeting of General Council the Canadian Society of Laboratory Technologists, with the approval of this Committee, has issued a Syllabus of Studies as a guide in outlining the scope of work to be covered in the training of either a general or specializing technician.

120. It is recommended that this or a similar Committee be continued to carry on this work of approval as well as to give approval to the membership of the Board of Examiners and of the examinations set by the C.S.L.T.

All of which is respectfully submitted.

WILLIAM J. DEADMAN,

Chairman.

Approved.

REPORT OF THE COMMITTEE ON MATERNAL WELFARE

Mr. Chairman and Members of General Council:—

121. I beg to submit the following report for the Maternal Welfare Committee for the years 1940-41.

Figures for the maternal mortality rate for the Dominion are not yet available.

122. The Manitoba Pregnancy Survey as previously reported, was completed a year ago. Coding of the information secured is still in progress. Final conclusions and recommendations to be made must await completion of all information available. However, analysis of the maternal deaths occurring during the survey bring out several points worthy of note.

The survey revealed that there were 27,301 registered live births and 653 registered stillbirths (a total of 27,954) during the period covered in the survey.

The number of deliveries (more than 18 per cent), at which there was no medical attendance is of interest.

123. Records of pregnancy and delivery were secured in 90 per cent of cases attended by a physician, indicating the co-operation of the profession in the survey.

124. The maternal death rate for the survey was 3.26 per thousand live births. The causes of death attributed to pregnancy were, abortion, 22 per cent; toxæmia of pregnancy, 19 per cent; accidents of labour, 19 per cent; hæmorrhage, 18 per cent; sepsis in viable births, 17 per cent; ectopic pregnancy, 4 per cent.

125. In a study of the fatal cases it was found in the abortion group that in only one instance was the patient unmarried—their average age was 30 years, one-half admitted interference and 80 per cent died of sepsis.

126. In the toxæmia group, those of British origin predominate, two and a half was the average number of visits, more than one-third were not hospitalized, 60 per cent were said to be poor or destitute and all but two developed convulsions. The fetal mortality was high.

127. In the hæmorrhage group it was found that these patients already had an average of more than six children (in fact seven of them had sixty-eight children) mid-Europeans predominated. Hæmorrhage followed delivery

of twins in 25 per cent of the cases, and in only one case was a transfusion given.

128. The septic group following viable births was small. Forty per cent had no medical attendant while all who had a medical attendant had extensive intra-uterine manipulations. Indians made up more than 25 per cent of this group.

129. Those of British origin predominate in the group classed as accidents of labour. Though many of these labours undoubtedly were difficult, one is left with the impression that some of these were made difficult by untimely procedures.

130. In the study of the fatal cases, one is impressed by the disproportionate racial incidence in the different groups, the high death rate among Indians, the hopelessly inadequate pre-natal care these cases received, the frequency with which the profession, particularly in out lying districts, are called upon to give last minute assistance, often under hopeless conditions and that the number of pre-natal visits is not necessarily an index of the adequacy or inadequacy of the pre-natal care given.

131. It would appear that the time has come when organized medicine must be prepared to determine what constitutes a minimum of obstetric care, from the public's, the profession's and the governing bodies' point of view. The ultimate findings of this survey should aid in determining that care and in directing any action your Association may deem necessary in your endeavour to eliminate avoidable maternal deaths.

All of which is respectfully submitted.

J. D. McQUEEN,

Chairman.

Approved.

The following statistics were supplied by Dr. R. E. Wodehouse, Deputy Minister of Pensions and National Health:

MATERNAL MORTALITY RATES PER 1,000 LIVE BIRTHS
IN CANADA,* BY PROVINCES, 1930-1940†

	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940†
Can....	5.8	5.1	5.0	5.0	5.3	4.9	5.6	4.9	4.2	4.2	3.9
P.E.I....	2.9	6.9	6.4	4.1	5.1	4.0	5.6	5.7	2.5	7.5	3.0
N.S....	6.7	4.7	4.6	4.7	6.2	5.3	4.3	3.0	4.2	4.1	3.6
N.B....	5.4	5.6	5.8	6.0	5.1	4.6	6.6	3.7	4.5	4.8	4.4
Que....	5.5	4.8	5.1	5.0	5.5	5.4	6.0	5.2	5.2	4.6	4.3
Ont....	6.2	5.4	5.1	5.4	5.6	5.0	5.7	5.2	3.8	4.3	3.7
Man....	5.2	4.8	4.8	4.1	3.8	4.2	5.4	4.3	2.9	3.5	3.9
Sask....	5.1	4.4	4.9	4.6	4.4	4.1	4.5	4.6	2.5	3.3	3.3
Alta....	6.5	5.0	3.8	4.5	5.0	4.3	5.8	4.8	4.3	3.6	4.0
B.C....	5.8	6.3	5.3	4.7	5.1	5.2	4.7	4.5	3.8	3.1	3.2

*Exclusive of Yukon and the Northwest Territories.

†Preliminary figures.

REPORT OF THE COMMITTEE ON CREDENTIALS AND ETHICS

Mr. Chairman and Members of General Council:—

132. Your Committee on Credentials and Ethics begs to report as follows:—

Only a few questions have been submitted to the Committee during the past year. One of these was in connection with the Resolution, No. 37 of the Executive Committee of the Canadian Medical Association at the Annual Meeting in Toronto in June, 1940:

"That this Executive Committee is of the opinion that no doctor has the right to give any information about a patient to a third party without the written authority of the patient; and that the General Secretary be instructed to send a copy of this resolution to the Canadian Life Insurance Officers' Association."

Your Committee is of the opinion that the Canadian Life Insurance Officers' Association will respect this Resolution, a copy of which has been forwarded to that body. It was suggested that the Insurance company might be asked to forward to the doctor either the original signed statement of the patient giving authority for information to be supplied, or a copy of the statement certified by the insurance company to be a true copy.

133. With regard to hospitals divulging information obtained from hospital records, the principle is laid down that the hospital should allow information to be given out only when it seems to be in the interests of the patient. The point is covered thoroughly in an article entitled "Safeguarding Hospital Records", by G. F. Stephens, M.D., printed in the Hospital Service Notes in the *Canadian Medical Association Journal*, 1932, and reprinted in pamphlet form.

134. An enquiry was made requesting a form of contract which should be entered into between a practising physician and his assistant forbidding the latter to practise within a certain radius or to be employed by another physician in the locality on termination of the agreement. At the request of the Chairman of the Committee the General Secretary drew up such a form of contract which appeared to be satisfactory.

135. The Regina and District Medical Society propounded seven questions relative to the interpretation of the clause in the Code of Ethics of the Canadian Medical Association dealing with consultations. The particular point raised was whether a consultant should succeed the attending physician. Considerable study was given to this point, and in the reply quotations apropos of this question were given from the Annual Hand-Book of the British Medical Association (1929-1930 and 1935), Medical Ethics by Robert Saundby (Bristol, John Wright & Co., 1902), the Principles of Medical Ethics of the American Medical Association, and the Code of Medical Ethics by Jukes de Styrap (London, H. K. Lewis, 1895). The conclusion of your Committee was that the clause in the Canadian Medical Association Code of Ethics should stand as it is, with the suggestion that it be read in the light of the whole Code, and especially of the introductory paragraph and the Golden Rule of which the Code is an amplification.

136. Your Committee was asked for an expression of opinion on the ethical propriety of allowing a commercial house to use reprints of an article which has appeared in our *Journal* and in which a product of that commercial house was commended. It was stated that the permission of the author had been obtained. The Managing Editor of the *Journal* submitted a memorandum of the procedure adopted by the Editorial Board in dealing with this matter, and also stated the practice of the British Medical Association and the American Medical Association in this regard. Your Committee felt that in this particular instance there was no ethical impropriety in allowing circulation by the commercial house of a large number of reprints of the article.

All of which is respectfully submitted.

ROSS MITCHELL,

Chairman.

Approved.

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. Chairman and Members of General Council:—

137. 1. The most important duty imposed upon your Committee on Constitution and By-Laws was that connected with provision of alternates for members of the Executive Committee. The wisdom of their provision was raised in 1939 by the British Columbia Division and in 1940 your Committee expressed its approval of the principle and made certain tentative proposals regarding changes in the Constitution necessary to provide for the election of such alternates. It was not possible to vote on the amendments at the 1940 meeting of Council because

there had not been sufficient time to publish them in two issues of the *Journal* as is required by the By-Laws. However, the question was discussed at some length by Council and then referred back to your Committee for further consideration.

2. The matter has been given full consideration by your Committee which now begs to present its conclusions.

138. 3. It would be wise to provide alternates for the elected members of Executive Committee, otherwise it might easily happen that death or illness or other important cause would completely deprive certain Divisions of their representation on Executive Committee and deprive certain other Divisions of their due representation and thus risk a meeting which would lack a quorum. Your Committee sees no reason for the provision of alternates for the *ex-officio* members of the Executive Committee.

139. 4. In regard to the circumstances under which the alternates should function there can be no question that the death or illness of a Division's elected representative would provide such an occasion. Your Committee is of the opinion that certain other circumstances, such as military service, or death, or illness of the immediate family of an elected member of the Executive Committee, would also be valid reasons for absence and for representation by an alternate. These additional reasons are not easy to define. To group them under the term "good and sufficient reasons" might invite a light and irresponsible attitude towards his duties by a member of the Executive Committee. For that reason your Committee is of the opinion that the replacement of an elected member of the Executive Committee by his alternate for reasons other than his death or illness should be at the discretion of some responsible authority and for that purpose we would designate the President.

140. 5. Since the alternates are provided to function in the place of elected members of the Executive Committee, it is the considered opinion of your Committee that they should be appointed in a manner exactly similar to the appointment of the elected members of the Executive Committee; *viz.*, by nomination by the Nominating Committee after considerations of the representations from the various Divisions and by election by General Council.

141. 6. Your Committee accordingly submits the following amendments to the By-Laws to provide alternates for elected members of the Executive Committee:—

AMENDMENT TO CONSTITUTION AND BY-LAWS

In order to make provision for alternates for elected members of the Executive Committee the Committee on Constitution and By-Laws will move the following amendment to the By-Laws at the meeting of Council which will be held in Winnipeg in June. This notice of amendment is published in the *Journal* in compliance with the By-Laws (Chapter XII, Section 2).

Chapter VI, Section 2 (Duties of Nominating Committee), Paragraphs 2 and 3, which now read as follows:—

- (2) Nomination of an Executive Committee which, in addition to those who are members *ex-officio* (See Chapter VIII, Section 4), shall consist of thirteen members drawn from General Council and geographically distributed as follows: three shall be resident in each province in which an office of the Association is located and one shall be resident in each of the other provinces.

At its session, the Nominating Committee may receive in writing a Division's official nomination of the candidate or candidates for representation on the Executive Committee to which the Division is entitled. In the event of an official nomination being rejected by the Nominating Committee the reasons for such action shall be incorporated in its report to General Council.

- (3) Rules of Procedure—The Committee shall be called to order by the President as Chairman of the Committee. In the absence of the President the General Secretary shall convene the Committee and request the Committee to select, by

open vote, the Chairman. The Committee shall then proceed to carry out its duties by open vote. In case of a tie vote the Chairman shall have the casting vote in addition to the vote to which he is entitled as a member of the Committee. When called for, the report of the Committee shall be presented to the General Council by the General Secretary.

shall be amended to read as follows:

- (2) Nomination of an Executive Committee which, in addition to those who are members *ex-officio* (See Chapter VIII, Section 4), shall consist of thirteen members drawn from General Council and geographically distributed as follows: three shall be resident in each province in which an office of the Association is located and one shall be resident in each of the other provinces.
 - (3) Nomination from members of General Council of nine alternates for the elected members of the Executive Committee. There shall be one alternate nominated from each province. The function of the alternates shall be to act in the place of an elected member of the Executive Committee who is absent because of death or illness or from cause acceptable to the President.
 - (4) At its session the Nominating Committee may receive in writing (1) each Division's official nomination of the candidate or candidates for representation on the Executive Committee to which the Division is entitled, and also (2) each Division's official nomination of one alternate who will act in the absence by reason of death or illness or from cause acceptable to the President of the member or one of the members representing that Division. In the event of such an official nomination by a Division being rejected by the Nominating Committee the reasons for such action shall be incorporated in its report to General Council.
 - (5) Rules of Procedure—(unchanged except that paragraph is renumbered).
142. 7. Your Committee again calls the attention of General Council to the wisdom of a further revision of the Constitution and By-Laws. Our present Constitution and By-Laws is a consolidated one adopted in 1939 and designed to permit us to function with Provincial representation in the form of Divisions or in the older form of Branches. Since the Constitution was adopted all the Provincial units have become Divisions and the need no longer exists to provide a Constitution providing representation for Branches. Your Committee would welcome guidance from General Council in regard to the wisdom of further simplification of the Constitution at this stage.

All of which is respectfully submitted.

R. I. HARRIS,

Chairman.

Approved.

This amendment to the Constitution and By-Laws became operative at the Winnipeg meeting and it was agreed that, in cases where Divisions had not made provision for alternates on the Executive Committee, they be requested to make their nominations as soon as possible, forwarding them to the General Secretary; and that power be given to the Executive Committee to act for General Council in making the appointments.

REPORT OF THE COMMITTEE ON LEGISLATION

Mr. Chairman and Members of General Council:—

143. There were no questions referred to this Committee during the past year. The Committee, however, did take cognizance of the act passed by the Legislature of the Province of Quebec during its 1941 session, for the Control of Venereal Diseases, as a great forward step.

All of which is respectfully submitted.

C. J. VENIOT,
Chairman.

Approved.

REPORT OF THE COMMITTEE ON PHARMACY

Mr. Chairman and Members of General Council:—

144. When the Universities, Schools of Medicine and Pharmacy, throughout the Empire were asked in 1927 for recommendations for the proposed new Pharmacopœia, an opportunity was offered to all concerned to present criticisms of the results of the revision of 1914 and to protest the character of the procedures used. The Canadian Medical Association and the Canadian Pharmaceutical Association appointed a joint Committee which, after correspondence with all concerned, ventured to protest on behalf of Canada and put forward certain suggestions. Further, the representatives of these two bodies persuaded the Minister of Health for Canada that the Department of Health should be represented on this Committee. With a representative from the Department of Health, the joint Committee came into existence in 1927 as the Canadian Committee on Pharmaceutical Standards and has since that time been the source of advice from Canada in regard to the revision of the Pharmacopœia to the Pharmacopœia Commission, which was created in Great Britain as a result of the criticism from Canada and certain bodies in England. On the whole this arrangement has worked well until the advent of the war, and the interests of Canada were adequately provided for.

145. It however soon became apparent to the C.C.Ph.S. that the Pharmacopœia of 1932 would not provide standards for certain drugs much used in Canada, such as Morphine Sulphate, Bismuth Subnitrate, Caramel, Amaranth, as well as certain preparations such as Elixir of Potassium Bromide and of Triple Bromides, and that the standards of Nitrous Oxide were too low for Canadian usage and that certain other standards required modification to meet Canadian conditions. There were, further, the group of products whose potency and purity were controlled by regulations under the Food and Drugs Act and to which Pharmacopœia standards might or might not apply. Examples of this class are the Anti-toxins and Toxoids, Digitalis, Post-Pituitary Extract, Solution of Adrenaline (Epinephrine), Thyroid. Consequently, the C.C.Ph.S. prepared an Addendum. It was hoped that this would come to be as legally binding on Canada as the Pharmacopœia itself. This has not come to pass, though the Government probably recognizes it under clause 6 (c) of the Act.

Section 6 of the Food and Drugs Act states:—

"Every drug shall be deemed to be adulterated within the meaning of this Act if its strength, quality or purity falls below the professed standard under which it is sold; or if, when offered or exposed for sale under or by a name,

(a) recognized in the latest edition of the British Pharmacopœia; or

(b) recognized in the latest edition of any foreign pharmacopœia; or

(c) which is not recognized in any pharmacopœia but is found in some generally recognized standard work on materia medica or drugs;

it differs from the standard of strength, quality or purity laid down therein."

This however is not good enough to protect the profession. The higher standard required for Nitrous Oxide, for example, must be fully enforceable.

146. Since the advent of the war, to meet conditions in Great Britain two Addenda have appeared. Owing to war conditions the C.C.Ph.S. was not consulted. Yet as the law stands these Addenda became binding on Canada, yet do not take Canadian interests into consideration. For example, in the injections of Bismuth Salicylate and of Mercury, Peanut Oil may be used in place of Olive Oil. Olive Oil is scarce in Canada and Peanut Oil is as unobtainable. Further, the naming of certain drugs now admitted to the Pharmacopœia is, from the Canadian viewpoint, unfortunate. Cardiazol renamed in the U.S.A. Metrazol, is now called Leptazol; Thiamin (B₁), Aneurin; Evipal, Hexabarbitone, to name only three examples. This adds a further complication to our nomenclature, which is already complicated by our proximity to the U.S.A. Coramine is now available in Canada under the following names: Coramine (Ciba), Anacardone (B.D.H.), Nicamide (B.W. and Co.), Corvotone (Boots). Even for sulfanilamide there are a great variety of names coined by pharmaceutical houses.

147. It is felt that were a Committee similar in composition to that of the C.C.Ph.S. officially recognized by the Government, much could be done to obviate the present unfortunate situation. Hence the following recommendations are proposed by the Committee on Pharmacy for consideration of Council. Any decisions made by such a Committee and concurred in by the Government, could be made legally binding by notification in the Gazette, under powers now probably possessed in the Act.

WHEREAS the Addendum to the British Pharmacopœia drafted by the Canadian Committee on Pharmaceutical Standards is apparently not recognized by the Food and Drugs Act as a constituent part of the Pharmacopœia and as the standards included in this Addendum (such as that for Nitrous Oxide) are important and should be generally recognized as being as legally binding as those of the Pharmacopœia itself,

AND WHEREAS it would be in the interest of Canadian Medicine and Pharmacy were a method devised by which prompt action could be taken to ensure that drugs admitted to the Pharmacopœia should be sold under one official name, and even that drugs not as yet so admitted but generally accepted by the profession should also bear an official name,

AND WHEREAS the war has led to a postponement of the publication of a new Pharmacopœia and has led to the publication of three new Addenda by the General Medical Council of Great Britain to that of 1932, which have been automatically imposed on Canada without due consideration of what effect they would have in Canada,

The Committee recommends to the Council of the Canadian Medical Association that it should make a vigorous endeavour either in conjunction with the Canadian Pharmaceutical Association and the Canadian Committee on Pharmaceutical Standards or both, to have the Government of Canada take the necessary measures to ensure

That (a) A Committee be appointed by the Government of Canada to pass on any new edition of the British Pharmacopœia or any of its Addenda before such becomes legally binding under paragraph 6 of the Food and Drugs Act, and to prepare any necessary Addenda whether of deletion, modification or addition to the British Pharmacopœia in order to bring it into harmony with the requirements of Canada.

(b) That if the Government accepts the above proposal the Canadian Medical Association be empowered to nominate to the Government a panel of persons from which the Government will appoint to such an official Committee at least one-third of the Committee's personnel.

All of which is respectfully submitted.

VELYIEN E. HENDERSON,

Chairman.

Approved.

In considering the best way to implement the recommendations of the Committee on Pharmacy, the opinion was expressed that much could be accomplished by a meeting in Ottawa attended by representatives of the Department of Pensions and National Health, the Committee on Pharmacy of the Canadian Medical Association and the Canadian Committee on Pharmaceutical Standards.

Attention was called to the dangers which could arise from the use of Bromides, and members of Council expressed the opinion that steps should be taken to educate the profession regarding the serious nature of bromide poisoning.

REPORT OF THE MEYERS MEMORIAL COMMITTEE

Mr. Chairman and Members of General Council:—

148. A thesis coming within the scope of the Meyers Memorial Award was submitted to the Committee by Dr. A. L. MacKinnon of the Homewood Sanitarium, Guelph, Ontario.

The paper further complies with the requirements in that it was read at the annual meeting of the Canadian Medical Association in Toronto, on June 21, 1940, and, in the opinion of the Committee, merits the award. The Committee has so voted.

All of which is respectfully submitted.

GEORGE F. BOYER,

Chairman.

Approved.

REPORT OF THE COMMITTEE ON PUBLIC HEALTH

Mr. Chairman and Members of General Council:—

149. Under war time conditions it is of the most vital importance that preventive health services in Canada—municipal, provincial and federal—be maintained at the highest level of efficiency. There should be no curtailment of any essential health service which is scientifically sound and efficiently carried out. This is a matter of the utmost importance in maintaining the physical and mental fitness of both the civilian population and His Majesty's Forces.

150. Your Committee notes with much satisfaction the whole-hearted co-operation which has been extended by the various provincial health authorities as well as many municipal health authorities to the federal authorities in connection with the national war effort. The fullest advantage should be taken of all the public health resources of the nation in the war emergency.

151. The prevention and control of the venereal diseases is now more than ever a national question in which the closest co-operation of all health authorities in Canada, and army, navy and air force authorities is required. To this end your Committee considers that a full time Director of Venereal Disease Control should be appointed by the Federal Department of Pensions and National Health to direct and co-ordinate all activities in this field in Canada.

152. Your Committee recommends that steps be taken to standardize provincial regulations governing pasteurization of milk and other dairy products in Canada and that the authority of municipalities to enforce pasteurization of milk and other dairy products be clearly defined in such regulations. Your Committee is of the opinion that there is a great need for more intensive educational work in Canada in regard to the safeguarding of milk supplies by means of pasteurization.

153. Your Committee considers that the authority of federal and provincial governments in regard to the control of pollution of coastal waters adjacent to oyster beds should be more clearly defined.

154. Your Committee recommends that special attention be given to the control of meningococcic meningitis in Canada with special reference to the carrier problem in this disease, in view of the increased incidence of meningococcic meningitis in Canada during the past six months.

155. Your Committee considers that housing constitutes one of the major public health problems in Canada and that a national policy on housing should be instituted now in order that we may be in a position to deal adequately with the serious housing problems which will arise after the war.

156. Your Committee considers that more rigid control should be exercised over the advertising of patent medicines by radio broadcasts.

157. Your Committee recommends that a special study should be made by the Association of the recommendations in respect of Public Health contained in the Report of the Rowell-Sirois Commission.

158. Your Committee considers that the instruction in public health, including psychiatry, in medical schools and schools of nursing in Canada is in many cases inadequate. The time available for field work in public health and for practical instruction in the wards of mental hospitals and in mental hygiene clinics is in many cases insufficient to give students a proper understanding of the fundamental things in the field of public health.

159. Your Committee is of the opinion that public health should have a definite place in the curriculum of all faculties in the university.

All of which is respectfully submitted.

M. R. BOW,

Approved.

Chairman.

REPORT OF THE COMMITTEE ON ECONOMICS

Mr. Chairman and Members of General Council:—

160. Throughout the year that has just passed your Committee has endeavoured to forward your wishes in the presentation of information concerning Medical Economics to the general profession.

161. During the months November, 1939, to October, 1940, inclusive, there appeared in our *Journal* 12 articles on Medical Economics written by Mr. Hugh H. Wolfenden, Consulting Actuary and Adviser in Medical Economics to the Association. On the authorization of the Executive Committee these articles were collected together in booklet form and, early in 1941, distributed to the profession across Canada. This booklet is informative and authoritative and it is recommended to members of Council that it be retained for study and future reference.

162. This year an attempt has been made to stimulate the study of Medical Economics amongst hospital interns and medical students. At the invitation of your Committee Mr. Wolfenden prepared a series of bulletins

suitable as bases for discussions. These bulletins were sent to all interns in Canada and made available for undergraduate journals and all hospital superintendents and chairmen of intern committees were communicated with in an endeavour to obtain co-operation in forwarding and leading organized discussions amongst the interns themselves.

In this work all the correspondence with the hospitals and undergraduate bodies,—and it was considerable—was undertaken by Dr. Harvey Agnew, Secretary, Department of Hospital Service, and his active support and advice were invaluable to Mr. Wolfenden and your Committee. In the future it is proposed to issue further bulletins and to continue to attempt to establish as a definite entity the study of Medical Economics by interns and medical students.

163. Early last autumn the Manitoba Division forwarded to the Executive a resolution of the Winnipeg Medical Society that—

"The Winnipeg Medical Society go on record as favouring a request to the Dominion Government that they set aside sufficient of a soldier's pay and dependents' allowances to establish a fund which would be adequate to supply medical services to the dependents of men in the active service force, and that this resolution be forwarded to the Manitoba Medical Association for their consideration."

This resolution was then referred to your Committee for study and report.

After attempting to obtain the views of all the other Divisions through its Corresponding Members your Committee found that there was no unanimity amongst the Divisions concerning the resolution, that the majority were against any action by the Association at the present time, and such was the recommendation submitted to the Executive.

164. When Council met in Toronto in 1940 Dr. Routley in a brief analysis pointed out the salient features of those sections of the Rowell-Sirois report dealing with Medical Economics, Public Health and Social Services and emphasized the number of the recommendations contained in the brief of the Canadian Medical Association that had been accepted by the Royal Commission.

Council then looked forward to the forth-coming Dominion-Provincial Conference as the likely starting point of a larger, better and more clearly defined health policy for Canada. Although the Dominion and the Provinces have not yet sat down together to study and make recommendations on that report, your Committee is still optimistic enough to believe that that conference will take place and that the splendid initiative and courage which, leavened by compromise and co-operation made our Confederation possible, is not dead in Canada.

All of which is respectfully submitted.

WALLACE WILSON,

Approved.

Chairman.

NARCOTICS

One member of General Council called attention to the conditions under which narcotics may now be prescribed. No druggist may fill a prescription unless it is signed by the doctor. This regulation was held by some to be unfair to the medical profession as it prohibits a doctor from telephoning to a druggist any prescription which contains narcotics. If a druggist should fill an unsigned prescription for a mixture containing a narcotic, both he and the physician are liable to heavy fines. In the discussion, it was evident that the members of Council

were in full sympathy with the object of this restriction, namely, the prevention of drugs falling into the hands of drug addicts, but at the same time they were well aware of the great inconvenience caused to doctors and druggists. The Executive Committee was instructed to study this whole question, working in conjunction with the Department of Pensions and National Health and the Canadian Pharmaceutical Association.

HEALTH INSURANCE

The President and Chairman of General Council were invited to attend a meeting in Ottawa on June 13th, called by the Deputy Minister of Pensions and National Health to consider the rehabilitation of returned men and post war and public health services in relation to the population of Canada as a whole.

It was felt that, in case representatives of the Association are again requested to meet the Department, they should be in a position to make some pronouncement with regard to the relation of the Association to the question of health insurance. The following points were agreed upon:

1. The Canadian Medical Association is in favour of any plan to make available for every Canadian the full benefits of curative and preventive medicine, irrespective of individual ability to pay, which at the same time is given at a rate of remuneration which is fair to the public and to the practitioners of medicine and others associated in the provision of medical care.

2. The Canadian Medical Association is not in favour of State Medicine—"a system of medical administration by which the State provides medical services for the entire population or a large part thereof and under which all practitioners are employed, directed and paid by the State on a salary basis or otherwise."

3. The Canadian Medical Association considers as a necessary requisite for any plan of community medical service adopted, the unification of curative and preventive medicine in medical practice.

CERTIFICATION OF SPECIALISTS

Some discussion took place with regard to the desirability of establishing some plan of certification of specialists. It was pointed out that the Royal College of Physicians and Surgeons of Canada has approved six specialties for certification. The following resolution was passed:

"THAT, WHEREAS it has been indicated to this body that the following specialties have been favourably considered for certification:

Syphilology and Dermatology
Ophthalmology
Otolaryngology
Paediatrics
Radiology
Urology

AND WHEREAS this matter is of special importance at this time in view of legislation pending at Ottawa; THAT this Association recommend to the Royal College of Physicians and Surgeons of Canada that consideration be given to certification of other specialties than those now under consideration."

EPIDEMICS

A study committee under the chairmanship of Dr. O. C. Trainor of Winnipeg has been giving special attention to the possibility of epidemics occurring during the present war or early post-war period. Dr. Trainor presented a very full report of the study carried on by his committee, and made the following recommendations:

1. That a national committee be organized to collect, analyze and consolidate all pertinent information available, to distribute information and if requested, give advice and assistance to any provincial organization which may be set up to deal with this problem; such national committee to contain representation from the Department of Pensions and National Health and all provincial health departments, the Canadian Hospital Council, the Canadian Nurses' Association and the Canadian Medical Association.

2. That each of the national associations above mentioned be asked to arrange for the co-operation of their provincial branches or divisions to the end that provincial committees corresponding to the national committee may be set up in each province.

3. That complete authority and responsibility for any and all provincial measures will be entirely in the hands of provincial committees, the national committee serving in an advisory capacity, acting as a clearing house for information and, when necessary, serving to coordinate effort to the advantage of all.

4. That consideration of a plan of action as well as details of procedure be left to these committees when and if they are established.

The Committee will continue its studies.

WAR BENEVOLENT FUND

General Council decided that the Association should take an active interest in the welfare of distressed members of the medical profession in Great Britain and it was agreed that a fund should be established to be known as the Canadian Medical Association Fund in Support of the War Benevolent Fund of the British Medical Association. All moneys received will be transmitted to England by the Honorary Treasurer and will be disbursed at the direction of the Treasurer of the War Benevolent Fund of the British Medical Association.

NOMENCLATURE OF DISEASES

The following report was presented by the special Committee on Nomenclature:

Mr. Chairman and Members of the Executive Committee:

A Special Committee on Nomenclature was appointed at the November 1940 Executive Committee meeting as a result of the inquiries which are frequently made as to whether or not the Canadian Medical Association desires to make recommendations to the medical staffs of hospitals on the question of the choice of a nomenclature for the classification of disease. This Committee, named by the Chairman of Council, is made up of the following members: Duncan Graham, O. C. Trainor, Frank S. Patch, Harvey Agnew, Harris McPhedran (*Chairman*).

This Committee has interpreted its task to (a) analyze the present situation and (b) consider recommendations for the guidance of the medical staffs of hospitals.

THE PRESENT SITUATION

The great majority of our hospitals have no official nomenclature, even many of those employing trained record librarians, which failure makes the task of these librarians difficult by not having a uniform system of recording diagnoses and clinical findings. Those who have to do with clinical records in the hospital—the doctors, the nurses and the interns, use terms which reflect almost entirely their medical training and their more recent reading. As writers of text books have been slow in adopting a uniform terminology, the individual soon finds himself recording diagnoses in terms which may be drawn from several accepted systems. Frequently the best medical writers are found to use conflicting terms in the same article. Very few indeed of the medical schools make any effort to teach a uniform system of terminology, with the result that the student may pick up one set of terms from the pathologist and others from the clinicians. As the various interns, drawn from different schools, may record the same diagnoses in different ways, the record librarian is faced with a situation where the same condition may be indexed under several headings, thus making it virtually impossible to make proper use of the records for statistical, analytical or research purposes.

The desirability, and in fact the absolute necessity, of the adoption by our hospitals of some recognized system of nomenclature is obvious. It is encouraging to note that this is being done in an increasing number of hospitals. Unfortunately, for some years back there have been a number of more or less recognized systems of nomenclature, with the result that, while the recording of the clinical work in the individual hospitals has been improved, there still remains the difficulty of the broader analysis of data and the difficulty of comparing work done in one hospital with another.

SYSTEMS NOW IN USE

Up until a few years ago the systems most commonly used in Canada and the United States, where hospitals had adopted some official system, were the "Bellevue" and the "Massachusetts General Hospital" nomenclatures. The "Lambert", "Mercur", and, in some hospitals nomenclatures of their own development have been in use. A number of hospitals still use some of these systems. Within the last few years the "Alphabetical Index", developed by Dr. T. R. Ponton, formerly of Vancouver, has been widely adopted. There is also the "Nomenclature of Diseases of the Royal College of Physicians of London". This does not seem to have been very widely adopted in Canada.

The Royal Canadian Army Medical Corps and the Department of Pensions use for their special purposes the "Standard Morbidity Code for Canada", prepared a few years ago by the Department of Pensions and National Health in collaboration with the Dominion Bureau of Statistics. There is also the "International List of the Causes of Death" which is officially recognized for health statistics by the Federal Government.

In 1928 the Conference on Nomenclature of Disease, under the Chairmanship of Dr. Haven Emerson, was held in New York, at which time plans were laid by representatives of over twenty national medical, hospital and allied organizations to work out a system of nomenclature which could be generally adopted to overcome this confusion in nomenclature. With the financial help of the Commonwealth Fund and several insurance companies the "Standard Classified Nomenclature of Disease" was produced in 1933. Since that time this system has been very widely adopted by hospitals in Canada and the

United States and was recommended for adoption, just prior to the war, by a committee representing a number of voluntary teaching hospitals in London.

ADOPTION OF NOMENCLATURE URGED

It is recommended by the Committee that *all hospitals with organized medical staffs should adopt a recognized system of nomenclature of disease.*

It is further recommended that, if at all possible, *hospitals throughout Canada should adopt a uniform system of nomenclature* so that comparative analysis of clinical statistics and collection of data covering a large area would be possible.

What system can be recommended for general adoption?

Two factors should influence this decision: comparative excellence of the different systems and common usage. Fortunately the selection of a system was simplified last year. The two most widely used systems and the two that would seem to fully meet clinical requirements have been Dr. Ponton's Alphabetical Index and the Standard Classified Nomenclature of Disease. In March of 1940 Dr. Ponton announced the withdrawal of his system in favour of the Standard Classified, voluntarily making this gracious gesture in order to permit uniformity in clinical records. Other systems widely used in hospitals, such as the Bellevue, Massachusetts, Lambert, etc., are not as generally used now as formerly and, by many, are not considered as acceptable from the viewpoint of present day classifications. The Morbidity Code for Canada is an excellent nomenclature but does not permit as detailed classification as is desired for general hospital purposes. The same would apply to the International List of the Causes of Death upon which the Morbidity Code is based.

In view of the outstanding qualities of the Standard Classified Nomenclature of Disease, its wide and increasing usage by hospitals on this continent and elsewhere, and its adaptability for numerical indexing and for punch card use, your Committee recommends

THAT the Canadian Medical Association officially recommend the use of the "Standard Classified Nomenclature of Disease" in hospitals, clinics and elsewhere.

Official recommendation of the Standard Classified Nomenclature by the Canadian Hospital Council is being recommended to that body this year by its Committee on Nomenclature, a committee made up of medical men interested in clinical records and record librarians. It is also officially endorsed by the American Hospital Association and the American College of Surgeons, both of which bodies are well represented in Canada. The Standard Classified Nomenclature is now officially sponsored and supported by the American Medical Association.

SUMMARY OF RECOMMENDATIONS

1. All hospitals with organized medical staffs should adopt some form of nomenclature.
2. If at all possible there should be general uniformity in the adoption of a nomenclature.
3. The nomenclature of choice for official recommendation would seem to be the "Standard Classified Nomenclature of Disease".

All of which is respectfully submitted.

HARRIS MCPHEDRAN,

Chairman.

OFFICERS

The following are the officers of the Association for the ensuing year:

- President*—Dr. Gordon S. Fahrni, Winnipeg, Man.
President-Elect—Dr. A. E. Archer, Lamont, Alta.
Chairman of General Council and of the Executive Committee—Dr. T. H. Leggett, Ottawa, Ont.
Honorary Treasurer and Managing Editor—Dr. D. Sclater Lewis, Montreal, Que.
General Secretary—Dr. T. C. Routley, Toronto, Ont.
Editor—Dr. A. G. Nicholls, Montreal, Que.
Associate Secretary—Dr. Harvey Agnew, Toronto, Ont.

DIVISIONAL REPRESENTATIVES ON THE EXECUTIVE COMMITTEE

- British Columbia*—Dr. Murray Blair, Vancouver.
Alberta—Dr. F. T. Campbell, Calgary.
Saskatchewan—Dr. O. E. Rothwell, Regina.
Manitoba—Dr. O. C. Trainor, Winnipeg.
Ontario—Dr. A. B. Whytock, Niagara Falls
 Dr. Harris McPhedran, Toronto.
 Dr. H. M. Yelland, Peterborough.
Quebec—Dr. F. S. Patch, Montreal.
 Dr. Léon Gérin-Lajoie, Montreal.
 Dr. W. H. Delaney, Quebec.
New Brunswick—Dr. W. E. Gray, Milltown.
Nova Scotia—Dr. H. K. MacDonald, Halifax.
Prince Edward Island—Dr. W. J. P. MacMillan, Charlottetown.

CHAIRMEN OF COMMITTEES

- Archives*—Dr. H. E. MacDermot, Montreal.
Study Committee on Cancer—Dr. J. S. McEachern, Calgary.
Constitution and By-Laws—Dr. R. I. Harris, Toronto.
Central Program Committee—Dr. Duncan Graham, Toronto.
Economics—Dr. Wallace Wilson, Vancouver.
Credentials and Ethics—Dr. Ross Mitchell, Winnipeg.
Legislation—Dr. C. J. Veniot, Bathurst.
Medical Education—Dr. F. J. H. Campbell, London.
Pharmacy—Dr. V. E. Henderson, Toronto.
Public Health—Dr. M. R. Bow, Edmonton.
Post Graduate—Dr. Duncan Graham, Toronto.
Nutrition—Dr. F. F. Tisdall, Toronto.
Awards and Scholarships—Dr. Duncan Graham, Toronto.
Hospital Internships—Dr. Alfred Haywood, Vancouver.
Laboratory Technicians—Dr. W. J. Deadman, Hamilton.
Maternal Welfare—Dr. J. D. McQueen, Winnipeg.
Meyers Memorial—Dr. Geo. Boyer, Toronto.
Advisory Committee to Department of Hospital Service—
 Dr. W. H. Delaney, Quebec.
Industrial Medicine—Dr. J. G. Cunningham, Toronto.
Membership—Dr. G. S. Fahrni, Winnipeg.
Advisory Committee on Finance—Dr. D. Sclater Lewis, Montreal.

All of which, on behalf of General Council of the Canadian Medical Association, is respectfully submitted.

T. C. ROUTLEY, *General Secretary.*

DEC 8 1941

The Canadian Medical Association Journal



PUBLISHED MONTHLY BY

THE CANADIAN MEDICAL ASSOCIATION

3640 UNIVERSITY STREET, MONTREAL

[PRICE SEVENTY-FIVE CENTS PER COPY]

[COPYRIGHTED]

The Most "Talked-of" Subject of the War!**NUTRITIONAL DEFICIENCIES***by John B. Youmans, M.D.***385 Pages****16 Illustrations****\$6.00**

Almost more than any other phase of our national health, nutritional deficiencies are receiving a major share of the attention of the press and, through the press, the public as a whole. This book is designed to give the general practitioner a survey of the whole field, covering completely diagnosis and treatment of the deficiency diseases. There has been a rapid increase in our knowledge of these diseases but much of it has come through laboratory research—widely scattered and difficult of access.

This book brings together all the information necessary for the undertaking and management of nutritional deficiencies *in practice*. It covers the field thoroughly—making it a book that *you* need . . . a book that will bring *your* knowledge of this much-discussed subject right up-to-the-minute. Send your order in today.

J. B. LIPPINCOTT COMPANY*Medical Arts Building, Montreal, P.Q.*

THE ETHICAL RELATIONSHIP
*which exists among physicians has
its counterpart in the Lilly policy of
close co-operation with the doctor.
Distribution of information concern-
ing Lilly Products is restricted to the
medical and allied professions.*

LIVER EXTRACTS
Crude or Purified
For Intramuscular Injection



SOLUTION LIVER EXTRACT CRUDE, LILLY	{ 2 injectable U.S.P. units per cc. 1 injectable U.S.P. unit per cc.
SOLUTION LIVER EXTRACT PURIFIED, LILLY	{ 15 injectable U.S.P. units per cc. 10 injectable U.S.P. units per cc. 5 injectable U.S.P. units per cc.

ELI LILLY AND COMPANY (CANADA) LIMITED
Terminal Warehouse • Toronto

Pharmaceuticals and Biologicals • "If it bears a Red Lilly it's right"



Normal Vaginal Acidity

● The above illustration shows the normal pH (mid-vagina) in a 28-day cycle, correlated with the ovarian and endometrial changes during the cycle. The normal mid-vaginal acidity, which lies between 4 and 5, represents an important aspect of vaginal biology. The pH of Ortho-Gynol is 4.5 and tends to maintain normal conditions.

ORTHO PRODUCTS OF CANADA LTD., MONTREAL

Available throughout the Empire

ortho-gynol

VAGINAL JELLY

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.



A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

Glisson, writing in 1671, described an ingenious use of swaddling bands — "first crossing the Brest and coming under the Armpits, then about the Head and under the Chin and then receiving the hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air . . . This kind of Exercise . . . helpeth to restore the crooked Bones. . . ."

STRAPPED FOR RICKETS

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . .

Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For in-

fants who were strong Glisson suggested placing "Leaden Shooes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can be administered in drop dosage, Oleum Percomorphum is especially suitable for young

and premature infants, who are most susceptible to rickets. Derived from natural sources, this product is rich in vitamins A and D. Important also to your patients, Oleum Percomorphum is an economical anti-ricketic.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D (International) units per gram. Supplied in 10 and 50 c.c. bottles, also in boxes of 25 and 100 ten-drop soluble gelatin capsules containing not less than 13,800 vitamin A units and 1,850 vitamin D units.

MEAD JOHNSON & CO. OF CANADA, LTD., Belleville, Ont.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

